

Perry County Archers

Membership Application

Website: <http://perrycountyarchers.com>

Facebook: <https://www.facebook.com/PerryCountyArchers>



Name: _____ Spouse: _____

Address: _____ Phone: _____

Occupation: _____

Email: _____

****All memberships except Life Memberships expire December 31st of every year.**

+Members from the previous calendar year are considered renewals.

CHECK PAYABLE TO:

PERRY COUNTY ARCHERS

X	Membership Type	Cost
	Youth (under 18 on January 1 st)	\$ 35.00
	Individual- RENEWAL	\$ 60.00
	Individual- NEW MEMBER	\$ 65.00
	Family- RENEWAL	\$ 70.00
	Family- NEW MEMBER	\$ 75.00

ASSUMPTION OF RISK, I the undersigned, do hereby release Perry County Archers, and all personnel from losses, damages, or personal injuries incurred by myself while participating and/or viewing any archery event. I fully understand and acknowledge that archery tournaments, as other outdoor activities, involve certain inherent risks, and I attend and/or participate in this event with full knowledge of those risks.

Signature (or Guardian's Signature for minors) REQUIRED by all Adult Members on Application:

X _____ Date: _____ X _____ Date: _____

Dependents under 18 with Date of Birth (DOB):

Name: _____ (DOB) _____ Name: _____ (DOB) _____

Name: _____ (DOB) _____ Name: _____ (DOB) _____

Name: _____ (DOB) _____ Name: _____ (DOB) _____

Mail to: Christine Hoon, Membership Director **Call (717) 571-1193 with any questions
1230 Sandy Hollow Rd.
New Bloomfield, PA 17068

Youth Consent (Required for Youth League and Minors): I, _____ (print legal name of guardian), do hereon give my written consent for _____ (print name of youth), being a minor in my charge, to apply for membership in Youth Instructional League of Perry County Archers Inc. who upon acceptance will be subject to all rules and regulations set forth under the Constitution and Bylaws of Perry County Archers Inc.

Guardian's Signature: _____ Date: _____

I volunteer to help with: Construction 3D Shoots Clean Up Kitchen