

APPLICATION FORM FOR

International Mounted Archery Challenge 2010

■ NAME: _____

■ DATE OF BIRTH: _____

■ ADDRESS: _____

■ CONTACT INFORMATION: (TEL) _____ (FAX) _____

(HOMEPAGES/ E-MAIL) _____

■ MEDICAL INSURANCE PROVIDER: _____

■ ARRIVAL DATE: _____

■ EMERGENCY CONTACT INFORMATION: (TEL) _____

■ COMPETITION EVENTS:

EVENT	HORSEBACK ARCHERY				MOGU
	SINGLE SHOT	DOUBLE SHOT	SERIAL SHOT	HUNGARIAN COMP.	TEAM COMP.
CHECK YOUR EVENTS					

CASCADE MARCHADORS AND MOUNTED ARCHERY CENTER

16825 DELICIOUS ST, BEND, OR, 97701

TEL. (541) 389-9744

FAX: (541) 389-5774

WEBSITE : WWW.MOUNTEDARCHERY.ORG , WWW.MOUNTEDARCHERY.NET

E-MAIL : Katie@mountedarchery.net