

ARLINGTON INDEPENDENT SCHOOL DISTRICT

Student Name _____ Age _____ Campus _____
First, Middle Initial, Last

2019 - 2020 School Grade Level Year _____ T-Shirt Size (Circle One) **S M L XL Other** _____ Specify **YOUTH** Size if Needed _____

Parent(s) Name _____ Home Phone _____ Cell Phone _____

Address _____
Street No Street City Zip Code

EMERGENCY CONTACTS

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

ANY MEDICAL CONCERNS



COST \$75 FOR 12 HOURS OF INSTRUCTIONS

Make Checks Payable to

ARLINGTON ARCHERY

* Checks can be sent to

James Martin High School

4501 West Pleasant Ridge Road

Arlington, Texas 76016



****** ALL EQUIPMENT WILL BE PROVIDED ******