# logo***ASTB Tournament Registration Form***

Division:  **ML / MR / MP / MS**

Name: (*circle one, see note\*)* **WR / WL / WP /WS**

Street Address:

City: State: Zip:

Home #: Cell #:

Email Address (opt.):

**Additional Family Member Information**

Direct family members (spouse, minor child, grandchild, etc.). In-laws, adult siblings, and guests **MUST** fill out a separate registration form for insurance purposes.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Division \_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Division \_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Division \_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Division \_\_\_\_\_\_\_\_\_\_\_\_

(If more space needed, use back of form)

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Divisions** |  |
| Men’s Longbow |  | Women’s Longbow | Juniors (13-16) |
| Men’s Recurve |  | Women’s Recurve | Youth (9-12) |
| Men’s Primitive |  | Women’s Primitive | Cubs (8 & Under) |
| Men’s Senior |  | Women’s Senior |  |

**Non-ASTB Members \***

Per Round-$15\_\_\_ Single Weekend-$35\_\_\_\_\_\_ Family Weekend-$55\_\_\_\_\_

**ASTB Members \***

Per Round-$10\_\_\_ Single Weekend-$25\_\_\_\_\_\_ Family Weekend-$45\_\_\_\_\_

***\*NOTE****: If you plan to compete in more than one division and pay the weekend rate, you* ***MUST*** *pay* ***10.00 extra*** *(per division). Applies to Men’s and Women’s divisions.*

**Current ASTB Member?** Yes \_\_\_\_\_ No \_\_\_\_\_ (Ask about Membership)

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_

***ASTB Waiver:*** *I understand that I am participating in a sport that contains some element of risk and understand that I do so at my own risk. I understand that if I am not an ASTB member, I am not covered by the ASTB Group insurance policy. By my signature above, I agree to hold ASTB and its members and/or guests harmless should I (or any family member(s)) become injured.*