



BARNLEY ARCHERY CLUB
Beginners Course / Taster Session Registration Form

YOUR DETAILS:	
Surname:	First Name(s):
Date of Birth:	(if junior)
Address Line 1:	
Address Line 2:	
Address Line 3:	
Post Code:	
Tel No:	
E mail address:	
Preferred method of Contact:	
COURSE DETAILS:	
Preferred Course / Taster session:	
If there is no published course provide days/times when you would not be available:	
I enclose deposit of £_____ cheque made payable to Barnsley Archery Club	