

Event Description:
 DD/MM/YYYY:
 Chapter:
 Autocrat:
 Location:
 Range Master:
 List Keeper:

By adding my name to this form, I agree that I have received instructions from the Archery Range Master, have read, do understand, and will abide by ALL rules set forth in the Archery Manual and the Waiver of The Adrian Empire, Inc.

WINNERS:		Bowman:	Huntsman:	Minister of Archery:						
	Site Fee Paid	MEMBER'S LEGAL NAME (Print: Last, First)	PERSONA NAME (or GUEST)	Scores					Bow	
				List	Round 1	Round 2	Round 3	Round 4	Round 5	Inspect
1				B H						
2				B H						
3				B H						
4				B H						
5				B H						
6				B H						
7				B H						
8				B H						
9				B H						
10				B H						
11				B H						
12				B H						
13				B H						
14				B H						
15				B H						
16				B H						
17				B H						
18				B H						
19				B H						
20				B H						

Verified By: _____