Dear Parents/Guardians,

We are offering an archery clinic this year September 12-14th (Wed.-Fri.) from 3:30-5:30. This clinic is mandatory if you are new to archery, and you are interested in trying out for our Bergman Archery Team. This clinic will include 4th-6th grade; but not limited to, and anyone new to archery. I (Jason King) will be riding the school bus with the 4th grade to the P.E. building. The cost is $50. (This will include a T-Shirt, a snack & drink, also extensive instructions from certified archery coaches, and your archery membership fee for the school year 2018-19). This clinic will be held at the P.E. building by the baseball field at the Middle/High School. The phone number and extension to the building is 741-8557 ext. 8095

**Please return this signed form no later than Sept. 7th!!**

Student Name & Grade (First & Last, Print)-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student shirt size-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(please specify if youth sizes)

Parent Name (First & Last, print)-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Contact Number-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Contact Email-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_