



**BARNSELEY ARCHERY CLUB**  
**Beginners Course / Taster Session Registration Form**

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