

CALIFORNIA ARCHERY FOUNDATION
APPLICATION FOR ADULT HUNTER SAFETY
OR
IBEP SCHOLARSHIP
YOUTH 12 TO 17

Please print clearly

Name _____ Date of Birth _____

Address _____

Home Phone _____

CBH/SAA sponsor (if not a member) _____

Sponsor Address _____

Sponsor Telephone _____

Sponsor Signature _____ Date _____

Course taking IBEP _____ Hunter Safety _____

Name of instructor _____

Address of instructor _____ Phone _____

Cost of Tuition _____

I hereby attest that the preceding information is correct.

Student Signature _____ Date _____

Send your application, with a copy of your most recent report card to:

California Archery Foundation
12 Joan Drive American Canyon Ca. 94503

The sponsor must send a letter directly to the Foundation.

Applications must be received during the first two weeks of May