

CALIFORNIA ARCHERY FOUNDATION
APPLICATION FOR
YOUTH CAMP SCHOLARSHIP
Youth 10-17

Please print clearly

Name _____ Date of Birth _____

Address _____

Home Phone _____

CBH/SAA sponsor (if not a member) _____

Sponsor Address _____

Sponsor Telephone _____

Sponsor Signature _____ Date _____

Name of Camp _____

Address of Camp _____ 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