ARA SANCTION FORM

Name _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ E-Mail Address: _____

Name of Club _____

Location or address: _____

GPS Coordinates: _____

Number of benches _____

Match Director _____

Club Schedule: must be 2-6 targets for each match, you may have one club tournament per year which must be 6 targets.

Date	# of Targets	Class	Tournament or Club Match	Start Time

If you wish to pay by credit card please call
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ARA
PO Box 777
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