

**SASKATCHEWAN ARCHERY ASSOCIATION
 JUNIOR OLYMPIC PROGRAM REGISTRANTS**

for YEAR _____

Name of Club _____ Name of Coordinator _____

	Name	SAA Number	M/F
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of JOP athletes _____ X \$20.00 = \$ _____

Submit JOP registration payment to SAA Executive Director address listed at
<http://www.saskarchery.com/contact.html>