



2021 "Buckley October Opener" FITA The "BOO"



October 23rd & 24th
Sponsored by: Buckley Family Archery, LLC
112 Tripp Street, Fall River MA 02721
This is not the mailing address, please see below

NAME: _____
Address: _____ City: _____ State: _____ Zip code: _____
Phone #: _____ E-Mail: _____
MALE () Female () Date of birth: ___/___/___
JOAD Club Affiliation: _____ USA Archery Member () NFAA Member () Exp. Date: _____

Divisions: _____ Bowman (up to age 12)
_____ Cub (up to age 14)
_____ Cadet (up to age 17)
_____ Junior (up to age 20)
_____ Collegiate
_____ Senior
_____ Masters 50+
_____ Masters 60+
_____ Masters 70+

Equipment: _____ FITA Compound
_____ FITA Olympic Recurve
_____ FITA Barebow/Traditional

Archer shoots:
() left hand
() right hand

Check one:
() 1 Spot () 3 Spot

Registration Fee: \$30.00



Please mark 1st and 2nd choice:
Saturday - Oct. 23rd _____ 10:00 AM _____ 2:00 PM
Sunday - Oct. 24th _____ 10:00 AM

Consent and Waiver Form Please read carefully before signing
In consideration of my involvement in the Buckley October Opener "The BOO", I acknowledge and agree to the following:
1.) I risk bodily injury, including paralysis, dismemberment, and death, as well as loss of or damage to personal property.
2.) I knowingly and freely assume all risk, and I, for myself and on behalf of my heirs, and next of kin, assign and hereby release, agree to hold harmless and promise not to sue the National Archery Association, Buckley Family Archery LLC, State Archery Association of Massachusetts, their officers, directors, officials, and coaches, agents, and or employees, with respect to any and all such injury, paralysis, dismemberment and death, and/or loss or damage to personal property, from this date forward to the end of time, except that which is resultant to gross negligence and/or willful or wanton misconduct.

Hereby Agreed:
Participant's Signature: _____ DATE: ___/___/___
Participant's Name (print): _____
For Archers of Minority Age (Under 18 at time of participation)
Parent/Guardian Signature: _____ DATE: ___/___/___
Parent/Guardian Name (print): _____



ADVANCE REGISTRATION REQUIRED
Make all checks payable to: Buckley Family Archery, LLC.
Mail to: 201 Briggs Road, Westport, MA 02790
Email/Phone registrations only accepted with payment in full
by credit card at time of registration.



****Registrations received after Friday October 15, 2021 require a \$10 late fee****
****Cancellations must be received 48 hours before event for refund****
Direct all questions to 774-627-4091 or buckleyfamilyarchery@comcast.net
This application may be duplicated

Office use only: RCVD: _____ CASH _____ CHECK _____ CC _____