

Colorado Bowhunters Association Youth Event Request Form

Group/Business/Organization Name:

Contact Name: Contact Telephone:

Mailing Address: _____

City: _____ State: _____ Zip: _____

Website: _____ Email: _____

Event Details:

Name of Event: _____

Description of Event: _____

Date of Event: _____

Location of Event: _____

Number of Expected Participants: Adults _____ Youth _____

Request for CBA: (please check all that apply)

- Archery Instruction
- Indoor Archery Range (Kevlar backstop, frame, needed)
- Outdoor Archery Range (natural backstop will be available at event)
- Equipment (bows, arrows, targets, etc.). Please specify amount requested: _____
- Other- Please specify: _____

Please mail this completed form to: CBA Attn: Carol Ashurst 373 Rosalie Road Bailey, CO 80421

CBA Staff Use Only:

Received By: _____ Date Received: _____

Approved: _____ Notification Send Date: _____