

**STONE MOUNTAIN BOW STRINGS**  
(208) 476-7811 FAX (208) 476-5866  
10636 Hwy 12 PO Box 2483 Orofino, ID. 83544

**Shooter Registration Form**

This form must be fully completed and signed.

<b>Shooters Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone #</b>	
<b>E-mail address:</b>	
<b>Where Strings Were Purchased:</b>	
<b>Tournament You Are Entering:</b>	
<b>Class You Are Registered In:</b>	
<b>Equipment used:</b> ----- <b>Bow:</b> ----- <b>Arrows:</b> ----- <b>Release:</b> ----- <b>Sight:</b> ----- <b>Rest:</b>	

I acknowledge that the information I have provided is true and accurate. I further more acknowledge that I have read and will comply with the rules and regulations set forth by Stone Mountain Bow Strings.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Office Use:

SMB Rep \_\_\_\_\_ Registration # \_\_\_\_\_