

Silverado Archery Club, Inc.

Mail Membership Application To:

PO Box 424
Napa, CA 94559

2025 MEMBERSHIP

ALL FIELDS ARE REQUIRED. PLEASE PRINT LEGIBLE.

Name _____ Spouse _____

Address _____ City _____ Zip _____

Cell Phone # _____ Spouse Phone _____

E-mail _____

Names and ages of children (17 and under) _____

Silverado Archery Club Membership# (if applicable) _____

Are you a new member? _____ If yes who conducted club orientation? _____

Membership Card(s) will be mailed after club orientation if you are a new member.

Skyline Park Citizens Association Silverado Archery Club, Inc. Waiver of Liability

By signing my name hereto, I specifically waive for myself, my heirs, administrators, assign and assignees, all claims and demands against Skyline Park, Silverado Archery Club, Inc, County of Napa and its officers, for all injuries or loss accruing or arising in any manner whatsoever while I'm exercising the privileges granted by this permit, while using the area, or while en-route to or from the same.

Signature _____ Date _____

Signature (Spouse) _____ Date _____

Please check appropriate line or write in total

Family Membership \$165/year _____ Check # _____ or Cash _____

Single Membership \$150/year _____ Check # _____ or Cash _____

DONATION TO SILVERADO ARCHERY CLUB: \$ _____ (donation will be used to improve club facility)

Year is Jan1 thru Dec31

For information on membership, to be shown the course and given the rules please call:

Matt Petrini 1-707-815-5280 or Donny Reeve 1-707-815-3227