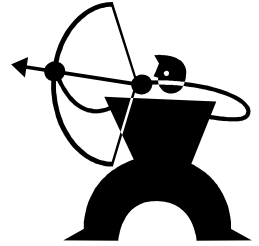




Montville Recreation Department's

# ARCHERY PROGRAM



**WHO:** 2nd through 8th Grade Students

**WHAT:** Learn the basics of archery which include: the parts of the bow, the mechanics of archery, types of bows and equipment, and inside target shooting. SAFETY IS ALWAYS STRESSED! Equipment will be provided! Both sessions will have a Fun Night on the last date with pizza & fun targets!

**INSTRUCTORS:** Members of the Lincoln Park Archers Club. These members are certified N.F.A.A. (National Field Archery Association) and Hunter Education Instructors.

**WHERE:** Camp Dawson Barn located near the intersection of Jacksonville Rd & Brook Valley Rd in Towaco. (Contact the Recreation Department if better directions are needed.)

**WHEN:**

SESSION	DAY	DATES	TIME	COST
1	Mondays	January 4, 11, 25 & February 1 (No class: 1/18)	7:00-8:30pm	\$50.00
2	Mondays	February 8, 22, March 1 & 8 (No class: 2/15)	7:00-8:30pm	\$50.00

\* \*\* *NOTE: If we cancel a class due to bad weather, it will be added on another day & time!*

**FEE:** See chart above. \* *Note: There will be a \$5.00 processing fee for program refunds.*

**PAYABLE TO:** Montville Recreation, 195 Change Bridge Road, Montville 07045

**REGISTRATION PROCEDURE:**

1. In Person 2. Mail 3. On-Line OR 4. Payment Drop Box in Municipal Building's Parking Lot

**\*\*\* Checks or Cash Only for In-Person Registration OR Checks Only for Mail or Payment Drop Box!!! \*\*\*  
OR Credit Cards for On-Line Registration!**

*Please Note: You will be charged a 2.5% convenience fee for credit card use on-line!*

*For On-Line Registration !!! Go to the town's website at: [www.montvillenj.org](http://www.montvillenj.org)*

*Click on Municipal Services & then click on Parks & Recreation & then click on On-Line Registration*

**REGISTRATION DEADLINE:** ASAP! First Come, First Serve!

**QUESTIONS ??? Call Recreation: 973-331-3305 OR visit our website at: [www.montvillenj.org](http://www.montvillenj.org)**

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## **ARCHERY PROGRAM – Winter 2010**

NAME \_\_\_\_\_ SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_ AGE \_\_\_\_\_

ADDRESS \_\_\_\_\_ TOWN \_\_\_\_\_ PHONE \_\_\_\_\_ CELL \_\_\_\_\_

EMERGENCY NAME & NUMBER \_\_\_\_\_

**PLEASE CIRCLE SESSION CHOICE/S:**      1 - (Jan 4, 11, 25 & Feb 1)      *and/or*      2 - (Feb 8, 22, March 1 & 8)

Please list any special needs that your child may have that will assist us in providing a successful program:

\_\_\_\_\_

My child has my permission to participate in the Archery program.  
I understand that the Recreation Department DOES NOT provide accident insurance.

PARENT/GUARDIAN'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**FOR OFFICE USE:** Fee Paid \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_ Received By \_\_\_\_\_ Date \_\_\_\_\_ **PROGRAM # 908**