

CALIFORNIA ARCHERY HALL OF FAME SUBMISSION FORM

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Resided in California from \_\_\_\_\_ to \_\_\_\_\_

Where in California did this person live? \_\_\_\_\_

\_\_\_\_\_

Birthdate: \_\_\_\_\_ Birthplace: \_\_\_\_\_

Deceased: \_\_\_\_\_ Date: \_\_\_\_\_ Place: \_\_\_\_\_

Cause: \_\_\_\_\_

1. Activity in archery was from: \_\_\_\_\_ to \_\_\_\_\_

2. Shooting status is/was: \_\_\_\_\_

3. When did this person first become interested in archery? \_\_\_\_\_

\_\_\_\_\_

4. How did this person first become interested in archery? \_\_\_\_\_

\_\_\_\_\_

5. In what ways has this person contributed to the sport of archery? \_\_\_\_\_

\_\_\_\_\_

In your own words, paint as clear a picture of this person as you possibly can. If this person has won any titles, created anything pertaining to, promoted, or in any way contributed to the sport of archery, list dates, locations, circumstances, etc. PLEASE do not spare any information even though you may consider some items trivial. Use as many separate sheets of paper as you need. If possible, submit a picture.

Submitted by: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Please forward your submission to:

CBH/SAA Secretary

7710 Camino Vista

Shingletown, Ca. 96088

Once received, a confirmation of your submission will be sent to you.

Thank you.