

# Dutchess County Parks

## Weekend Archery

This program is designed for children and adults with any level of experience in archery. The first class will be a review of basic archery safety and skills for those who may not have attended in the past. The majority of the time will be spent practicing with the bows, learning through experience. The program consists of 5 classes, held on Saturdays, with several time slots to choose from. Each class lasts an hour. All equipment is provided. **Children must be 8 years of age or older to participate. Sign-up is required.** For more info or to sign up, please call (845) 298-4602.

### Session Dates :

Saturday, Mar 21st

Saturday, Apr 4th

Saturday, Apr 18th

Saturday, May 2nd

Saturday, May 16th

### Time Slots:

10:00am to 11:00am

11:30am to 12:30pm

2:00pm to 3:00pm

3:30pm to 4:30pm

5:00pm to 6:00pm

### Cost:

\$60 per person (for all 5 classes)

### Location:

The sessions will be in the auditorium at Bowdoin Park, located at 85 Sheafe Road, Wappingers Falls, NY 12590.



*Call (845) 298-4602 or visit [dutchessny.gov/parks](http://dutchessny.gov/parks) for more information*



**Marcus J. Molinaro**  
County Executive

**Dutchess County Parks  
Spring Weekend Archery  
Registration Form**

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

**Only Fill Out \*\* If Participant Is Under 18**

\*\*Grade : \_\_\_\_\_ Age : \_\_\_\_\_

\*\*Parent / Guardian Name : \_\_\_\_\_

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

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

Emergency : \_\_\_\_\_

**Archery Time Slot:**

First Choice \_\_\_\_\_

Second Choice \_\_\_\_\_

E-mail : \_\_\_\_\_

( ) confirmation by e-mail ( ) e-mail list

Please include a check made payable to *Dutchess County Parks Division* and this registration form. We will send a confirmation letter once registration is received.

Please send registration to:

Park Naturalist

Bowdoin Park

85 Sheafe Road

Wappingers Falls, NY 12590

Or contact us at:

(845) 298 - 4602

parknaturalist@dutchessny.gov



I hereby grant permission for my family members listed above to participate in the above named Dutchess County Parks Division program(s). I understand that all recreation activities have some degree of risk. I hereby, for myself, my child, and/or my heirs, executors, and administrators, waive and release any and all rights and claims for damages I and/or my child may have against the County of Dutchess, its staff and any person connected with the above named program for any and all injuries suffered by my child during the above named program. I also understand that Dutchess County Parks Division takes photographs and video for publicity purposes and gives permission for photos and video of my family to be used for that purpose.

\_\_\_\_\_  
Parent / Guardian Name - Please Print

\_\_\_\_\_  
Parent / Guardian Signature