LEKATCHKA ARCHERS, INC.
7701 Target Trail
Nokomis, FL 34275

LekatchkaArchery@yahoo.com
LekatchkaArchers.com

MEMBERSHIP APPLICATION—PLEASE PRINT

Individual $125____ Family $225_____ Jr.$75_____

Name: _____ Amount Paid: $_____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone: _____

Names of Family Members:

_____ _____

_____ _____

_____ _____

Members are required to Volunteer for five (5) workdays per membership year. Uncompleted workdays will be assessed at $20/each.

Signature: _____ Date: _____

Please make checks payable to "Lekatchka Archery"
Send completed form, signed Liability Waiver, and payment to:

Gene Tomashosky
2830 Whispering Pines Lane
North Port, FL 34287

May2025