

Head Coach's Last Name: \_\_\_\_\_



Iowa National Archery in the Schools  
Program (NASP) 2010 Invitational League  
and State Championships  
Additional Coaches Registration Form



The **Iowa National Archery in the Schools Program** invitational league will run from December 19, 2009 through February 27, 2010 with invitational shoot locations around the state. The 2010 state championship event will be conducted on March 6<sup>th</sup> in Des Moines. This form is required for schools participating in the 2010 league or state championship events. **The form is not required for schools running the NASP as part of the school curriculum only.** This form must be completed and returned no later than two weeks prior to the team's first invitational event or February 12, whichever date occurs first.

Team Name \_\_\_\_\_

**NOTE: All assistant coaches must pass a criminal background check conducted by the DNR. All personal information will remain confidential.**

Full First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone (\_\_\_\_\_) \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_\_) \_\_\_\_\_ \*E-mail address \_\_\_\_\_

Birth date (mm/dd/yr): \_\_\_\_/\_\_\_\_/\_\_\_\_ Drivers License # \_\_\_\_\_

Shirt Size (S, M, L, XL, 2x, 3x) \_\_\_\_\_ Gender:  Male /  Female

Full First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone (\_\_\_\_\_) \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_\_) \_\_\_\_\_ \*E-mail address \_\_\_\_\_

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Cell Phone (\_\_\_\_\_) \_\_\_\_\_ \*E-mail address \_\_\_\_\_

Birth date (mm/dd/yr): \_\_\_\_/\_\_\_\_/\_\_\_\_ Drivers License # \_\_\_\_\_

Shirt Size (S, M, L, XL, 2x, 3x) \_\_\_\_\_ Gender:  Male /  Female