



Iowa National Archery in the Schools Program (NASP)

2010 Invitational League and State Championships Team REGISTRATION



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 6th 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 _____

HEAD COACH'S INFORMATION – Note: All head coaches must be NASP BAI certified. All coaches must pass a criminal background check conducted by the DNR. All personal information will remain confidential.

Full First Name _____ Last Name _____

Home Address (no PO Boxes) _____

City _____ State _____ Zip _____

Work Phone (_____) _____ Home Phone (_____) _____

Cell Phone (_____) _____ *E-mail address _____

Birth date (mm/dd/yr): ___/___/___ School Coaching _____

Shirt Size (S, M, L, XL, 2x, 3x) _____ Gender: Male / Female Drivers License # _____

**Email will be our primary form of contact. The Head Coach's email address specified here will be our primary contact location. If any of your contact information does change, please notify the Iowa DNR with the update(s) as soon as possible. Head Coaches contact info will be posted on www.iowadnr.gov so prospective coaches looking for a nearby program to participate in an invitational league event may be contacted. Contact info will consist of your name, home or cell phone information, email address, city and state. The following check boxes give you the option to opt out of one or more of these contact fields.*

- Do not post home phone number Do not post email address
 Do not post cell phone number Do not post any of my information

Home Practice Facility Name and Address

Name: _____

Facility's Physical Address (no PO Boxes): _____

City _____ State _____ Zip _____

Contact Person _____ Daytime Phone (_____) _____

School Faculty Sponsor (required if head coach is not a school staff member)

Name: _____

Address _____ City _____

State _____ Zip _____

Email _____ Daytime Phone (_____) _____