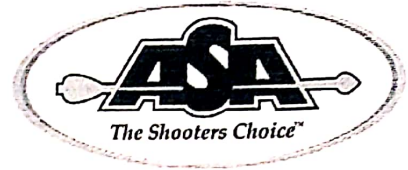


Applicant Data Form



Please Note: In order to receive an official certification the Applicant Data Form must be completed in full and signed by the course Instructor. Any missing data will result in the return of this form and will delay processing of the certification.

Course Date(s): _____

Course Location: _____

Exam Score: _____

Instructor: _____

Course Level:

Level 1
 Level 2
 Level 3-NTS
 Level 4-NTS
 Level 5-NTS

Name: _____

Date of Birth: _____

Address: _____

City: _____

State: _____

Zip: _____

Country (if not U.S.): _____

Phone: _____

Email: _____

I am currently a member of the following Archery Organization(s):

| | | |
|--------------------------------------|-----------|------------|
| <input type="checkbox"/> USA Archery | Member #: | Exp. Date: |
| <input type="checkbox"/> NFAA | Member #: | Exp. Date: |
| <input type="checkbox"/> ASA | Member #: | Exp. Date: |

Level 2 - 5-NTS Instructors and Coaches: A USA Archery, NFAA or ASA membership, USA Archery background screen and SafeSport training is required to obtain a current certification. Membership to USA Archery is required for all Instructors and Coaches who desire coach liability insurance coverage through USA Archery.

- Yes, please list my contact information on the USA Archery Coach Locator.
 No, do not list my contact information on the USA Archery Coach Locator.

I understand USA Archery reserves the right to immediately revoke this certification in the event USA Archery reasonably believes the instructor/coach has (i) violated any applicable provisions of the USA Archery Bylaws, policies, procedures or codes, (ii) violated any applicable federal, state and/or local law or regulation, or (ii) otherwise engaged in any conduct that is detrimental to the health safety or welfare of archers, or any conduct that is otherwise detrimental to USA Archery and/or the sport of archery.

Signature _____ Date: _____