



DNR

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# BASIC ARCHERY INSTRUCTOR

Please complete and email to *LeverichK@dnr.sc.gov* or fax to 803-734-4491.

Class date you would like to attend: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Location of class \_\_\_\_\_

Last name: \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

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

City \_\_\_\_\_ County: \_\_\_\_\_ Zip \_\_\_\_\_

D.O.B. Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Gender \_\_\_\_\_

Work phone: (    ) \_\_\_\_\_ Cell phone: (    ) \_\_\_\_\_ Home: (    ) \_\_\_\_\_

Email: \_\_\_\_\_

**\* All information will remain confidential. Your information will not be shared, sold or traded.\***

## SCHOOL INFORMATION

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

County: \_\_\_\_\_

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

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

School Phone: (    ) \_\_\_\_\_

Position with school: \_\_\_\_\_

How many students are in your school grades 4-12? \_\_\_\_\_

Are there currently any NASP Instructors at your school? If so, how many? \_\_\_\_\_

Does your school have NASP Archery Equipment? \_\_\_\_\_