



BASIC ARCHERY INSTRUCTOR

Please complete and email to CopeK@dnr.sc.gov
Please note we require a BAI application for every class participant.

Class date you would like to attend: Month _____ Day _____ Year _____ Waiting List _____

*If no BAI class dates are currently available, you will be put on the waiting list to be notified of future training dates. BAI trainings are generally scheduled for Summer and early Fall.

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: _____

*If not a school employee, you will be required to fill out a background check.

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? Yes No

Do you plan to start a competition team? Yes No

For Office Use Only

Background check required? Yes No