

The National Archery in the Schools Program - Graduate Information Form
Class Information - Please write legibly. – <http://www.naspbai.org>

Start date: _____ End date: _____ / _____ Time: 8:00 am-4:30pm

Class type: BAI Trainer Specialist

Address _____ City _____

Postal Code: _____ Province: Nova Scotia Country: Canada

Candidate Contact Information:

First name: _____ Middle name: _____

Last name: _____

(Home) Street 1: _____

Street 2: _____

City: _____ County: _____

Postal code: _____ D.O.B. Month ____ Date: ____ Year: _____

Gender: Male Female Home phone: (____) _____

Work phone: (____) _____ Cell phone: (____) _____

Email: _____

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

School name: _____

Street: _____

City: _____ County: _____

Providence: Nova Scotia Postal Code: _____ Phone: (____) _____

Position with school: _____

Test score _____ / 100