



Iowa NASP Annual Participation Report Form- Organization

This form is to be filled out for each organization teaching NASP to students.

This information will be collected on an annual basis as NASP BAI certification

is good only if you are teaching or assisting the program once every two years.

2016/2017 School year

Organization Name: _____ Person filling out the report*: _____

Organization Mailing Address: _____

City: _____ State: _____ Zip: _____

****The person filing out this document can fill in everyone’s numbers for your school. We would like for each instructor to fill out their acknowledgment Form to update our records and ensure each instructor received the code of conduct and Responsibilities and Requirements.**

<u>BAI Instructor</u>	<u>Email</u>	<u>Grade</u>	<u># of students</u>	<u># of male</u>	<u># of female</u>

Total # of Students Participating: _____ **Average # of hours your students do NASP Archery:** _____

Example you can put total hours a student participated or you could put: “2 hours a week for 9 weeks” or “1 hour a day for 2 weeks” etc depending on your situation/schedule.

PROGRAM QUESTIONS (Check any that may apply for each question)

How do you usually use NASP BAI Training? In School Program (at the school) School Program (at another location) Single Day Program
 Camp Program Workshop Sport Show Other _____

Who is your main audience when teaching the NASP program: Adults Youth Both

BRIEF NARRATIVE

Please include your feedback/reactions as well as student feedback/reactions:

Photographs and student quotes are welcome but not required.

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Due: May 15th, 2017