

Will the equipment be used in physical Education for the 2 weeks or 10-hour standard NASP® program?

Yes No

Explain:

Will the contact person listed above be responsible for all aspects of the equipment including repair/maintenance, checkout to other schools/groups, storage etc.?

Yes No

If no, please provide the name and contact information of person responsible or list local archery shop will be used.

Name of School Representative (print)

Title

Signature

Date

Name of Afterschool Representative (print) (if applicable)

Title

Signature

Date

Email Application To:

Zachary.Bentline@dnr.iowa.gov

(515) 205-8709