



# 2010 Indiana NASP State Tournament



## REGISTRATION

Registration **MUST** be legibly typed or it will be returned in its entirety.

Please use a separate form for EACH team and one form for individuals not competing as a team.

**Payment must accompany registration**

**Mail completed registration to:**

**Indiana NASP Tournament Coordinator  
8559 E - 350 N  
Montpelier, IN 47359**

**School Name:**

**Team Entry**

**(all team members will be entered as individuals)**

**Team Name (if entering as a team):**

**Individual shooter entries ONLY**

**School Address:**

<b>Grade Level:</b>	<b>Elementary</b>	<b>Middle School</b>	<b>High School</b>
	<b>4 - 6</b>	<b>7 - 8</b>	<b>9 - 12</b>

**Main Contact Name:**

**Phone:**

**Daytime:**

**Phone:**

**Evening:**

**Phone:**

**Cell:**

**Email:**

**Flight Preference:**

<b>Morning Flights</b>	<b>8:30 AM</b>	<b>9:40AM</b>	<b>10:50 AM</b>	<b>12:00 PM</b>
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**Flight Preference:**

<b>Afternoon Flights</b>	<b>1:10 PM</b>	<b>2:20 AM</b>	<b>3:30 PM</b>
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**We will be sharing a bus with another school and must have the same flight time.**

**Name of school sharing bus with \_\_\_\_\_**

School \_\_\_\_\_

**List Shooters Here**

**Teams consist of 16 – 24 shooters, with at least 5 of the opposite gender**

<b>Shirt Size</b>	<b>Name</b>	<b>Gender</b>	<b>Grade Level for the 2009/2010 School Year</b>
<b>ADULT</b>			
<b>S -</b>			
<b>XXXL</b>			
<b>1</b>			
<b>2</b>			
<b>3</b>			
<b>4</b>			
<b>5</b>			
<b>6</b>			
<b>7</b>			
<b>8</b>			
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<b>14</b>			
<b>15</b>			
<b>16</b>			
<b>17</b>			
<b>18</b>			
<b>19</b>			
<b>20</b>			
<b>21</b>			
<b>22</b>			
<b>23</b>			
<b>24</b>			

**If you have students who must share bows, please attach pairing requirements.**

**Every attempt will be made to meet your request.**

**School** \_\_\_\_\_

**List Coaches and Chaperones**

**(Up to 3 coaches/chaperones will receive a tournament t shirt)**

**Adult Name**

**Shirt Size**  
**Adult S - XXXL**

Coaches: Please read the rules packet in its entirety and sign the following agreement.

I have read and agree to comply with the tournament rules as set forth in the Fourth Annual Indiana NASP (National Archery in the Schools Program) State Tournament Registration Packet (revision date 12-18-2009).

Lead Coach (Printed) \_\_\_\_\_

Lead Coach (Signature) \_\_\_\_\_

School \_\_\_\_\_

Team \_\_\_\_\_

Date \_\_\_\_\_

# 2010 Indiana NASP

## State Tournament

### REGISTRATION PAYMENT FORM

PLEASE USE ONE PAYMENT FORM TO REMIT PAYMENT FOR ALL TEAMS AND/OR  
INDIVIDUAL SHOOTERS (NOT SHOOTING WITH A TEAM) FROM YOUR SCHOOL

SCHOOL NAME:

#### TEAMS

Team Entry

TEAM NAME:

SHOOTERS                      X                      \$15.00                      =

#### INDIVIDUAL SHOOTERS (NOT A PART OF A TEAM)

Individual shooter entries ONLY

SHOOTERS                      X                      \$15.00                      =

**TOTAL ENCLOSED**                      (sum of all entries listed above)

Please make checks payable to: **Indiana NASP**

**We will need loner bows. We realize we are responsible for any damage to loner bows.**

**Loner bows must be reserved with application**

\_\_\_\_\_ **Right handed bows**

\_\_\_\_\_ **Left handed bows**