

Request to Coach on the Conejo Valley Archer's Range

Instructions: Deliver this completed form to a CVA Board member, or mail to:

Conejo Valley Archers

P.O. Box 3982	
Thousand Oaks, CA 91359	
Coaching Requests will be reviewed during the next scheduled CVA Board meeting. A CVA Officer will	
	ation, instructions, and suggested donation information.
Name of Coach:	Date of Request
CVA Member? Yes \square No \square	If No, name of CVA Sponsor
Certification level or experience:	
Address:	
Phone:	Email:
Individual Lesson Information (include info	ormation that will assist the Board in making a decision)
Date and Time of Lesson(s)	
Other Individual Lesson Informati	on
Group Lesson Information (include inform	ation that will assist the Board in making a decision)
Date and Time of Lesson(s)	
Number of Students	
Student Organization Affiliation (i	f any)
Other Group Lesson Information_	
Attach copies of the Following Documenta	ation:
Coaching Level certification (if appl	icable) \square Waivers (if completed) \square
US Archery / NFAA Membership Ca	ard SafeSport Certificate
Approved use fee to be given back to CVA	·
Signature of Applicant:	//
By signing above you certify you have re	ead and will abide by the Conejo Valley Archers Coaching Policy
	/
CVA Club President Signature	Approved by Board Dated