



# 2015-2016 ALAS Equipment Grant Program Survey

Please complete and return **by Friday, May 20, 2016.**

School Name \_\_\_\_\_ Contact Name \_\_\_\_\_

School Address \_\_\_\_\_ Contact Email \_\_\_\_\_

\_\_\_\_\_ Contact Phone \_\_\_\_\_

Type of School: (circle) **Public** **Private** **Homeschool Organization** **Other:** \_\_\_\_\_

Grade levels on campus: \_\_\_\_\_ Enrollment on campus: \_\_\_\_\_

1. Number of students who received archery instruction at your school this year: Approximately \_\_\_\_\_

2. Number of weeks archery equipment was used at your school this school year: Approximately \_\_\_\_\_

3. Do parent volunteers help with archery at your school? \_\_\_\_\_

If yes, are they certified BAIs? \_\_\_\_\_

4. Does your school participate in ALAS Tournaments? \_\_\_\_\_

If no, do you plan to participate in ALAS Tournaments in the upcoming school year? \_\_\_\_\_

5. Describe the archery program at your school. (circle)

- a. In-school only
- b. After-school only
- c. Both in-school and after-school

**Please include any additional comments on the back of the survey.**

\_\_\_\_\_  
Name (Please Print) *School Administrator* Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Name (Please Print) *Certified NASP BAI* Signature \_\_\_\_\_ BAI # \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Name (Please Print) *Certified NASP BAI* Signature \_\_\_\_\_ BAI # \_\_\_\_\_ Date \_\_\_\_\_

Continue list on back of page if needed.



**ALAS is a proud member of NASP**

