



USA Archery Camp Series Bid Application

Please complete all questions/sections. Incomplete packets will not be accepted.

CLUB CONTACT INFORMATION:

USA Archery Host Club:

Club Contact Name:

Mailing Address:

Telephone:

Email:

TYPE OF CAMP APPLYING FOR:

If applying for multiple camps please submit one application for each camp type.

JOAD Beginner Camp JOAD Intermediate Camp Adult Intermediate Camp

Applicant applying for JOAD Beginner camp Only:

Does club have the ability to provide beginner archery equipment for 15 archers? YES NO

PROPOSED DATES OF CAMPS:

Excluded Dates for JOAD and Adult Intermediate Camps:

(June 18th– 22nd, July 2nd –5th, July 16th-19th, July 23rd-26th, July 30th– August 2nd)

1st Choice: 2nd Choice:

FACILITY INFORMATION:

Facility Name:

Facility Address:

Indoor Range Outdoor Range Both

Number of Shooting Lanes (Indoor): Number of Shooting Lanes (Outdoor):

Classroom Available: YES NO Computer/ Projector: YES NO

Classroom Capacity:

Please check yes or no on what amenities the club will be able to provide at the facility.

Accessible Restrooms YES NO Timing devices YES NO
Spectator seating YES NO PA System YES NO Shade YES NO
Internet Connectivity YES NO Tables & Chairs YES NO

Please provide any additional information on facility.

List any previous event(s) hosted by your club:

--

TRANSPORTATION/ LODGING:

Major airport (s) and distance to facility:

--

Availability of airport shuttle and hotel to facility:

--

Availability of transportation to the camp:

--

Accommodations/Lodging: (List name of hotel, address, phone number and distance to facility)

--

Local USA Archery Coaches available:

Once bid is accepted, USA Archery will coordinate with the club on roles and responsibility of each coach.

If applying for JOAD Beginner Camp (2) USAA Level 2 or higher coaches:

Head Coach #1:

(Full Name):

--

 USAA Level of Certification:

--

Email

--

 Phone Number:

--

Head Coach #2:

(Full Name):

--

 USAA Level of Certification:

--

Email

--

 Phone Number:

--

If applying for JOAD Intermediate or Adult Intermediate Camp (3) USAA Level 3-NTS or higher coaches:

Assistant Head Coach:

(Full Name):

--

 USAA Level of Certification:

--

Email

--

 Phone Number:

--

Assistant Coach #1:

(Full Name):

--

 USAA Level of Certification:

--

Email

--

 Phone Number:

--

Assistant Coach #2:

(Full Name):

--

 USAA Level of Certification:

--

Email

--

 Phone Number:

--

Please Explain Why Your Club Would Like to Host a USA Archery Camp:

Print Name: _____

Signature: _____ **Date:** _____

Please forward a complete bid application, letter of intent, and any other supporting documents to jtaylor@usarchery.org.