



**Request to Renew as Approved Head Coach/Instructor
or DOS for CVA Events**

Date _____

Name: _____

Attach a copy of all Certifications or send to vicepresident@cvarchers.com

CVA Membership Paid _____

USA Archery Adult Membership	Exp. Date: _____
Safe Sport Certification	Exp Date: _____
Background Check	Exp Date: _____
Coaching/Instructor Certification	Exp. Date: _____

By signing below you certify you have read and will abide by the Conejo Valley Archers Coaching Policy

Applicant Signature: _____ Date: ___ / ___ / ___

Board Approval date: _____

President: _____

All Required Credentials Received _____