2015 WV Archery in the Schools
State Qualifying Virtual Tournament

Tournament Verification

School Information:

School Name: _____________________________________________________

NASP Instructor Name: _____________________________________________

Address: _________________________________________________________

Telephone Number: ________________________________________________

Email address: ____________________________________________________

Principal: ________________________________________________________

As the school Principal, I verify:

1. That a NASP archery class was conducted at your school.
2. That the tournament was held during the specific dates, January 3, 2015-
3. That student scores were completed accurately.

By my Signature I confirm the above information to be accurate and true:

Principal’s Printed Name: __________________________ Date: ___________

Principal’s Signature: ______________________________ Date: ___________

Please return this form by 5:00 pm March 3, 2015 to:
Krista Snodgrass
Fax: (304)558-3147
324 Fourth Ave.
South Charleston, WV 25303
Email: Krista.R.Snodgrass@wv.gov
Telephone: (304)558-2771