



**2017 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 2, 2017-March 1, 2017.
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 1, 2017 to:

Art Shomo

Fax: (304)558-3147

324 Fourth Ave.

South Charleston, WV 25303

Email: Art.L.Shomo@wv.gov

Telephone: (304)558-2771