



Archery ACT Society Inc Team Officials Application Form

Please submit completed application form to recorder@archeryact.asn.au

Date		
Name		
Email address		
Contact Numbers		
Event (cross one out)	Youth National Championships	Open National Championships
Gender		
AA Number		
Club		
WWVP Card no & Expiration		
Relevant Qualifications		
Position applied for	Team Manager/ Assistant Team Manager / Team Coach	
Expression of interest (please provide AACT committee with reasons for selection, including relevant experiences etc.)		
At the time of signing I agree that:	<input type="checkbox"/> I have read and understand the AACT team selection criteria	
	<input type="checkbox"/> I have read and understand the AACT team manager/team coach roles and responsibilities (cross out not applicable)	
	<input type="checkbox"/> I am currently a financial member of AACT	
	<input type="checkbox"/> I have an understanding of AA Tournament Rules	
	<input type="checkbox"/> (AACT team manager applicants only) I have an understanding of the Appeals process	
	<input type="checkbox"/> (AACT team manager applicants only) I have some understanding of both Recurve and Compound equipment to support archers if necessary	
	<input type="checkbox"/> (AACT team coach applicants only) I am currently an Accredited AA Coach	
	<input type="checkbox"/> (AACT team coach applicants only) I have an understanding of both Recurve and Compound technique and equipment to support archers	
Signature		