

CLUB INFORMATION FORM :

OAA I.D. # _____

Club Name: _____

A.C. _____

ARCHERY FACILITY: INDOOR

OUTDOOR

BOTH

Club Web Site/Facebook: _____

City/Town: _____ Postal Code: _____

Club Shooting Site/s: give FIRE NUMBER, or LOT AND CONCESSION NUMBER or GPS.
(If more locations are used for club shoots use the back)

1. _____

2. _____

Mailing Contact: Name: _____

Address: _____

City/Town: _____ Postal Code: _____

Phone: _____ Email: _____

Secondary Contact: Name: _____ Position: _____

Phone: _____ Email: _____

CLUB PROFILE: Club Orientation/Organization:

Is this club a part of: [] a larger sports club [] shop [] stand alone archery club

Total _____ Adult _____ Youth _____ Male _____ Female _____

[] Youth by themselves [] Family members with children [] Youth, accompanied by adult

Disciplines: Club orientation is primarily: [] 3D [] Target [] Field [] All [] Other _____

Are guests permitted? [] Yes [] No Restrictions? _____

Method of recording or tracking visiting shooters. _____

Activities: [] Individual Recreation [] Training, [] Family Activity [] Tournaments
[] Regular lessons [] Private coaching [] Other _____

Tournaments: [] for club members only [] open to the province's shooters

Number of club competitions are held in a year? _____ Participation numbers _____

Does this club hold Archery Canada registered shoots? _____

Club Name: _____

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Club Facilities:

Club House	Y	N	Indoor Range	Y	N
Meeting Facilities	Y	N	Target Range	Y	N
Kitchen	Y	N	Field Course	Y	N
Washrooms	Y	N	3D Course	Y	N
Handicapped Facilities	Y	N	<u>CROSSBOWS</u> permitted	Y	N
Camping	Y	N	Broad head Pit	Y	N
Other Facility: (specify)					

CLUB STRUCTURE: Administrative Structure: (As these officers change, please update the OAA)

Board of Directors:					
President:			Secretary:		
V.P.:			Treasurer:		
Other Executive:					
Date of AGM:					
Constitution:		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Incorporated:	
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Emergency Action Plan:		<input type="checkbox"/> Yes	<input type="checkbox"/> No	“Sign In Book” to track facility use:	
				<input type="checkbox"/> Yes	<input type="checkbox"/> No

Judges: Range Safety Officers or Club Judges (AC clubs must register 2 RSO or Club judges; use back if needed)

			Name:	Year Certified	OAA Active
C.J.	R.S.O.				YES NO
C.J.	R.S.O.				YES NO
C.J.	R.S.O.				YES NO

Coaches: (A.C. clubs must register 2 RSO or Club judges, who are A.C. active; use back if more space is needed)

		Name:	Level	OAA Active Membership
NCCP	Other			YES NO
NCCP	Other			YES NO
NCCP	Other			YES NO
NCCP	Other			YES NO

Athletes: (Archery Canada Club – AC is required to inform Sport Canada about its members)

Competitive Male: _____	Competitive Female: _____	Competative Para: _____
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