



ALBERTA WINTER GAMES

ZONE REPRESENTATIVE APPLICATION

Name:

Zone:

If you are unsure which zone you are from please click [here](#) for a map.

Home Address:

Home Phone #:

Cell Phone #:

Email:

Archery Experience

Please check all that apply to you

- Archer (# of years?)
- Certified Archery Official (# of years?)
- NCCP Certified Archery Coach (# of years?)
- Non-Certified Archery Coach (# of years?)
- Parent of Archery Athlete
- Enthusiastic Parent

Please provide a brief explanation of archery knowledge and experience. Please include details of any levels of certification you hold.

By submitting this application the applicant acknowledges that they will be required to provide proof of negative results to a criminal record and vulnerable sector check to the Provincial Sport Coordinator and that their application for the criminal record and vulnerable sector check must be completed as soon as they are named to the role of Zone Representative.

By submitting this application the applicant accepts and agrees to complete all of the roles and responsibilities set out in the Alberta Winter Games Archery Zone Representative Information Package and any other jobs the Provincial Sports Coordinator assigns.

All applications should be submitted to the Provincial Sport Coordinator via email. The address for submission is provincial-coordinator@archeryalberta.ca