



Youth Development

Club Inclusion and questionnaire

CLUB: _____

Location (City, Town, etc.): _____

Youth Program Coordinator: _____

Contact info (email, cell, address): _____

Would you like to be part of an Archery Alberta committee for Youth Development? _____

Please return form and questionnaire to: jr-director@archeryalberta.ca

Tell us about your youth program:

Please answer all based on past years' program (before COVID-19). The very last question is regarding Covid-19 challenges; where you can indicate your challenges and changes that effect your program.

Does your program use CanBow? If no, why? If yes, how much of the program do you follow? _____

How many youth? _____ Male: _____ Female: _____

Age range of youth? _____

When time period does your program run for? (i.e. Oct to March, May to June) (Indoor, Outdoor, both)

How long are your classes? (in minutes) _____

How many classes? (i.e. 1, 2, 3, classes) _____

How many times a week is each class held? (i.e. once a week, twice a week, etc.) _____

Number of instructors involved with your program? _____

Number of certificated coaches involved with your program? Levels?

Facilities: (Indoor, Outdoor, etc.) (Target, 3D, both) (Distances)?

Club challenges?

What you would like to see from Archery Alberta for Youth Development?

Covid-19 Challenges and Changes for your program?

Other comments: _____
