

Official AIHEC Archery Roster Registration Form

This form shall be submitted by *March 1, 2024*

Submit the form to: *Kyle Van Acker, Archery Coordinator, kvanacker@lco.edu*

Tribal College: _____

Team Name: _____

Head Coach: _____

Head Coach Email: _____ Phone: _____

Please type or print legibly.

	First and Last Name	Team or Individual	Gender or Mixed	Adequate Equipment?	Preferred Shoot Time
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

I certify that the Tribal College participants listed on the roster meet all eligibility guidelines of the American Indian Higher Education Consortium (AIHEC) and are eligible to participate in the AIHEC Student Conference.

Signature – Archery Coach Date

Signature – Registrar Date