



# Archery in Louisiana Schools Program

## INSTRUCTOR TIME & ACTIVITY RECORD

School/Group Name:

Total number of students (required)

Office Use Only
Total Hours

### Student Ethnic Totals (not required)

Caucasian

African American

Hispanic

Asian

Native American

Other

(Sign in Blue Ink)

DATE	INSTRUCTOR NAME	INSTRUCTOR SIGNATURE	BAI #	PROGRAM HOURS		
				Preparation	Travel	Student Training/Event
<b>TOTALS</b>						

NASP BAI Representative: (head coach) \_\_\_\_\_ Date: \_\_\_\_\_

ALAS Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

LDWF Program Coord. Signatrue: \_\_\_\_\_ Date: \_\_\_\_\_

No date ranges. Only one date per line. Only one BAI per line. Must be signed in blue ink.

Please mail completed forms to: Chad Moore 9961 Hwy 80 Minden, LA 71055