



MA3 DEMO APPLICATION



MISSION STATEMENT: To provide a positive & inclusive community for all horse archers within the United States. Together we support, encourage, and facilitate the expansion of horse archery as an equestrian discipline.

NAME:	MA3 #:
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CHAPTER AFFILIATION:

EMAIL:

DEMO ORGANIZER:	PHONE #:
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PLEASE CHECK ALL THAT APPLY FOR THE DEMO ORGANIZER (MUST CHECK AT LEAST 2 to QUALIFY)

<input type="checkbox"/>	MA3 Member for at least 1 Year
<input type="checkbox"/>	Be graded at least a Student Level 4
<input type="checkbox"/>	Attended a clinic by a Registered Clinician
<input type="checkbox"/>	Have competed in a competition with 20+ competitors (Provide Proof)

LOCATION OF DEMO:

LOCATION DIRECTOR NAME:	PHONE #:
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EMAIL OF LOCATION DIRECTOR:	DATE OF DEMO:
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# OF COMPETITORS/ARCHERS:	# of MA3 VOLUNTEERS (GROUNDCREW):
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Please List Performers names, grades, and experience (I.E. YRS ____ MO ____)

NAME:	GRADE	EXPERIENCE

By signing below, I acknowledge I am responsible for this event, that the above information is completed to the best of my knowledge and if there are any significant changes, I will submit a new application to the MA3 Board of Directors so they may be kept informed. I agree that all MA3 Rules and Regulations will be followed during this event. I agree to have all required documents and waivers signed by every competitor and volunteer. Please submit application via email to: ma3board@gmail.com

SIGNATURE:	DATE:
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