School Year: 2026-2027
Eligibility Period: August 1-July 31

USA Archery Collegiate Archery Program
Individual Eligibility Form

Students enrolled in a university or college who would like to compete in the USA Archery Collegiate Archery Program must complete this eligibility form and have it signed by the Registrar. Please note, this form should only be completed by students where the university or college does not have enough archers to form a club/team and/or the university or college does not permit a club/team to be formed.

***Eligibility Forms must be submitted at least 10 business days prior to participation/registration deadline in first sanctioned event within eligibility period of August 1-July 31. Form may need to be submitted earlier depending on registration deadline of first sanctioned event. ENTIRE FORM MUST BE COMPLETED.**

Name: _____ **D.O.B:** _____

Address: _____

Phone: (____)_____ **Email:** _____

USA Archery Membership Number: _____ **Expiration Date:** _____

Please list the name and date of the first competition you will compete in _____

Enrolled full-time at an accredited two or four year college/university? Yes ☐ No ☐

College/University Name: _____Student ID #: _____

Does the student have a cumulative GPA of 2.0 for undergraduates or 3.0 for graduates? Yes ☐ No ☐ FYF ☐

If the student is a first-year freshman without a cumulative GPA, please indicate with "FYF"

Cumulative GPA: _____

A student has seven (7) years in which he/she may compete a maximum of five (5) years. The seven year period of eligibility begins the first Academic Year in which the student enters a USA Archery sanctioned event in a USA Archery Collegiate Archery Program division.

By signing this document, you agree that all information is accurate and current.

Signature: _____ Date: _____

Registrar/Compliance/Supervising Agent Only: **PLACE SEAL BELOW**

I verify that the information above is accurate and current.

Print Name: _____

Signature: _____

Title: _____

Phone Number: _____Date: _____

As the supervising agent (club coach, club sports director or campus recreation director), I verify the above named archer is recognized by this institution, in good standing and authorized to represent this college/university at local, regional and national events.

Print Name: _____ Date: _____

Signature: _____Phone Number: _____

☐ N/A- College or University is unable to provide signature (Please attach note from supervising agent stating that signature is not required but archer is permitted to participate)

Please return form to:

USA Archery, 210 USA Cycling Point, Suite 130, Colorado Springs, CO 80919 Fax: (719) 632-4733 Email: collegearchery@usarchery.org

*If archer is unable to submit form at least 10 business days prior to the start date of the first event, please make prior arrangements with USA Archery.