



**Archery Shooters Association**

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## **ASA STATE QUALIFIER OVERVIEW AND APPLICATION**

Dear ASA Club,

These are the requirements for hosting an ASA Federation State Qualifier. Please read the material carefully then **complete and return** the enclosed application to your **STATE DIRECTOR**.

### **Qualifiers must be scheduled as follows:**

- Only registered ASA Clubs with current ASA liability insurance are eligible to schedule a qualifier
- All requests must be submitted on the following form to your **STATE DIRECTOR**.
- Initial dates are awarded on a first come first serve basis, allowing each club to host at least one (1) qualifier
- Your first choice date may not be available so be sure to select an alternate date
- Requests for multiple qualifiers are only considered after all clubs are given a primary date
- No qualifiers are scheduled on the same date for clubs that are within a 100 mile radius of each other, including adjacent states

We maintain a schedule of ASA Federation State Qualifiers and Championships on the ASA Website at [www.asaarchery.com/about-asa-federation/qualifier-dates](http://www.asaarchery.com/about-asa-federation/qualifier-dates). Promptly renewing your ASA Club registration and submitting your application to your **STATE DIRECTOR** will help insure that your tournament(s) are listed.

We are looking forward to working with you and ask that you contact your ASA State Director with any questions or suggestions.



**SEND TO STATE DIRECTOR**

**ASA STATE QUALIFIER APPLICATION**  
**DO NOT SEND APPLICATION TO THE ASA OFFICE**

Email or mail this form **directly to your STATE DIRECTOR**. Your date(s) will be confirmed when your Club Certification is done. You can find your ASA State Director's contact information at:

[asaarchery.com/about-asa-federation/director-s-list-listing](http://asaarchery.com/about-asa-federation/director-s-list-listing)

ASA Club Name: \_\_\_\_\_ ASA Club ID: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

We understand this request must be approved and confirmed by our State Director before being placed on the Federation calendar. We certify that we understand the hosting criteria, and will comply with the ASA Pro/Am & Federation Rules of Competition, ASA Range Safety Guidelines and Procedures, and ASA Qualifier procedures. **Each registered ASA club may host one (1) qualifier.**

Primary Date: \_\_\_\_\_ Location\*: \_\_\_\_\_

Alternate Date: \_\_\_\_\_ Location\*: \_\_\_\_\_

Additional Date: \_\_\_\_\_ Location\*: \_\_\_\_\_

\*MULTI-STATE REQUEST to include the following states: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_ DATE \_\_\_\_\_  
(State Director Signature)

**FOR STATE DIRECTOR USE ONLY:**

I am pleased to confirm the following date(s) for your club to host an ASA State Qualifier.

Date: \_\_\_\_\_ Location: \_\_\_\_\_

Date: \_\_\_\_\_ Location: \_\_\_\_\_

DATE SENT: \_\_\_\_\_ APPROVED BY: \_\_\_\_\_  
(State Director Signature)