



## MA3 INSTRUCTION LEVEL APPLICATION

Name: \_\_\_\_\_ MA3 # \_\_\_\_\_

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

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Please check the Instruction Level you wish to apply for:

☐ Registered Instructor

☐ Registered Clinician

☐ Registered Coach

What Chapter are you affiliated with? \_\_\_\_\_

How long have you been an MA3 member? \_\_\_\_\_ What rank are you? \_\_\_\_\_

Please list the clinician you took a clinic from who had 4+yrs experience.

\_\_\_\_\_ When & Where was this? \_\_\_\_\_

Please list the 4 USA MA3 Competitions you competed in that had 20+ members, and when.

\_\_\_\_\_  
\_\_\_\_\_

Please list the Postal Matches you competed in. (months & year)

\_\_\_\_\_  
\_\_\_\_\_

Can you demonstrate proper thumb and 3 finger (Mediterranean) release?

Circle Yes or No

Can you teach alternative methods of nocking an arrow? \_\_\_\_\_ How many? \_\_\_\_\_

*For Registered Coaches:*

Please list the International (Out of country) Competition you competed in and when?

\_\_\_\_\_

Please Explain why you would like to be an MA3 Instructor? How do you plan to support the growth of MA3?

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Please attach a Bio of your Mounted Archery experience that documents your abilities to be an instructor.

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If approved, do you agree to the following (please initial beside each):

- \_\_\_\_\_ I will brief anyone new to the sport on MA3 rules and what MA3 offers.  
\_\_\_\_\_ I have read and will explain all MA3 safety regulations and course set ups.  
\_\_\_\_\_ I will always have students fill out all required MA3 waivers.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*Please attach a photo with email copy.

Please email completed application to MA3 President:

Code Lee Jones – [codyleejones@gmail.com](mailto:codyleejones@gmail.com)

THEN please send a hardcopy to MA3 Secretary:

Leah Earle  
11400 Osage Road  
Reno, NV 89508