

20th Anniversary

Archery Registration Form 2019 Tri-County 4-H Invitational

Friday, April 5, 2019 4:00 - 9:00 PM and Saturday, April 6, 2019 6:30 AM - 5:00 PM
Washington County Fair Park, 3000 Hwy. PV, West Bend, WI (Hwy 45 South of West Bend)

Indoor archery events: Archers are limited to four archery classes in the same age division and four air rifle classes in the same age division. **Each participant receives a Tri-County T-shirt.** To be eligible to take part in this tournament you must be registered as a Wisconsin 4-H Shooting Sports archery project member as recognized in your county. **Register early or take what is left for shooting times.**

Indicate your class and 1st-2nd-3rd-4th choices for shooting times. **NO EQUIPMENT CHANGES OR CLASS CHANGES. NO SHOOTING TIME CHANGES OR THE ORDER OF SHOOTING YOUR CLASSES. NO REFUNDS.**

Circle event to be used for team competition or the first event entered will be used for your team score.

1st Class Code _____ Time: Friday: 5:00 PM 6:30 8:00 ; Saturday: 7:00 AM 8:30 10:00 11:30 1:00 PM
2nd Class Code _____ Time: Friday: 5:00 PM 6:30 8:00 ; Saturday: 7:00 AM 8:30 10:00 11:30 1:00 PM
3rd Class Code _____ Time: Friday: 5:00 PM 6:30 8:00 ; Saturday: 7:00 AM 8:30 10:00 11:30 1:00 PM
4th Class Code _____ Time: Friday: 5:00 PM 6:30 8:00 ; Saturday: 7:00 AM 8:30 10:00 11:30 1:00 PM

We will try to schedule your times as requested. We cannot guarantee your choices as they will be scheduled in the order the registrations are received. SO MAIL EARLY. *****You are required to email or call us to confirm your shooting times after March 25th. *****

Mark your Age Division:

_____ Junior (8yr+3rdgr.-11 yr) -10 yds.
_____ Intermediate (12-14 yr) - 15 yds. 4-H National Qualifying Opportunity (13 min.)
_____ Senior (15yr - 1 yr/f/hs) - 20 yds. 4-H National Qualifying Opportunity

Choose your classes. Recurve Compound

Write 1, 2, 3, or 4 in the appropriate class.

Bare Bow _____ RBB _____ CBB
Bow with one shooting aid _____ RB1 _____ CB1
Bow with two shooting aids _____ RB2 _____ CB2
Bow with three shooting aids (3+) _____ RB3 _____ CB3
Bow with 4 or more shooting aids _____ XXXX _____ CB4
Longbow w/o nock & w/o arrow shelf _____ LBWO
Longbow - any combination of shelf or knock _____ LBW

Use Team Competition Form. No Changes.

Archery Team Name _____

Wildlife Habitat Competition: (Required participation for Shooting Sports NQ.)

No fee required. Shooters are automatically entered.

This contest is not the Wildlife WHEP & Forestry Statewide Competition.

See the separate Wildlife WHEP & Forestry Statewide Competition registration form.

Friday night 4:00 - 8:00 PM and Saturday to 7:00 -1:00 PM.

Separate age classes: 8-9, 10, 11, 12, 13, 14, 15, 16, 17-19. Different tests will be used in various age division.

Use Team Competition Form. No Changes.

Wildlife Team Name _____

See the 4-H web site for more details on wildlife contest topics:

<http://fyi.uwex.edu/wi4hshooting sports/>

See the Wildlife WHEP Wisconsin 4-H web site for more details on wildlife contest

topics: <http://fyi.uwex.edu/whepwi4h/>

Each PARTICIPANT receives only one Tournament T-Shirt.

Adult sizes: Small _____ Medium _____ Large _____ X Large _____ XX L _____

REGISTRATION DEADLINE: Postmarked Saturday, March 16, 2019.

Name _____ Birth Date _____ Age _____ Phone _____

Address _____ City, State, Zip _____

4-H Club _____ County _____ E-mail _____

Permission Statement: I grant permission for my child to participate in the Tri County 4-H Invitational and related activities. I release the Washington County Agriculture and Industrial Society & Washington County Fair Park, their employees, UW Extension employees, volunteers, and donors from any financial responsibility. I agree to pay all expenses not covered by insurance. I authorize the use of photographs of our family at this event for educational or media purposes. I have read, understand, and will abide by the tournament/contest rules regarding participation.

Signature: Parent/Guardian _____ Date _____ Participant's Signature _____

Total fees: _____ Check Number _____ Make checks payable to: **Washington County 4-H Shooting Sports**

Mail to: Barb/Norb Yogerst, 2401 Western Avenue, Jackson, WI 53037 PH: 262-677-2379

EM: washingtonco4hshooting sports@gmail.com

Please return this form with payment. Keep a copy for your records. Copy as needed.

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1 st Archery Class	\$9.00	_____
1 st Archery Class when entered in Air Rifle	\$7.00	_____
2 nd Additional Archery Class	\$6.00	_____
3 rd Additional Archery Class	\$6.00	_____
4 th Additional Archery Class	\$6.00	_____
(NO REFUNDS) Total:		_____

- All signatures are required or form will be rejected.
 - No equipment changes or class changes or shooting time changes are allowed. Make sure you understand this rule.
 - Your division is determined by your birthday as of the first day of this event. Archer may register in next older age division on this form only. Your entry age division must be the same in all classes throughout the tournament. EXCEPT National 4-H Qualification.
 - You must review the tournament rules before completing this registration form. Tournament rules and safety rules are available from your leader or on the State 4-H/Shooting Sports website at: <http://fyi.uwex.edu/wi4hshooting sports/>
 - _____ I request physically challenged accommodations. Please define on the reverse side.
- I certify that this "archer" is currently enrolled in the 4-H Archery Project, understands the archery safety rules, has reviewed the tournament rules, has the correct equipment, and is entered in the correct classes and the order of shooting classes.
- 4-H Certified County Archery Leader or 4-H Youth Development Educator
- Signature _____ Ph # _____
++ An incomplete registration form will not be accepted. ++