

Kettle Moraine 4-H Shotgun, Muzzleloading, & .22 Rifle Tournament

Muzzleloading Registration Form - Saturday, May 16, 2020 8:00 - 2:00 PM

Saukville Rifle & Pistol Club, 4191 Blue Goose Road, West Bend, WI 53090

Sponsored by the Tri-County 4-H Committee - Ozaukee, Sheboygan, & Washington County 4-H Shooting Sports

You are limited to 3 events in Muzzleloading. There is a \$8.00 fee for the 1st class and \$6.00 each for additional classes. To be eligible to take part in this tournament you must be registered as a Wisconsin 4-H Shooting Sports Muzzleloading project member as recognized in your county.

Shooting TIMES:

9:00 AM / 10:00 / 11:00 // 12:00 PM / 1:00 PM

WRITE in your selected TIME in the CLASSES You are shooting

We will try to schedule your times as requested.

*You are required to email or call us to confirm your shooting times after May 9th.

Intermediate (12 yr-14 yr) **"X"** for Class Time
 Bottles and Critters (25 yards) _____
 3 shots at bottles / 3 shots at critters
 Target (50 yards) 5 shots _____
 Silhouettes-Paper (40 to 100 yds) _____
 1 shot ea..chick-pig-turkey-ram
 (30 minutes for record shooting-all classes)

Senior (15yr-19 yr) **"X"** for Class Time
 Bottles and Critters (25 yards) _____
 3 shots at bottles / 3 shots at critters
 Target (50 yards) 5 shots _____
 Silhouettes-Paper (40 to 100 yds) _____
 1 shot ea..chick-pig-turkey-ram
 (30 minutes for record shooting-all classes)

- Your division is determined by your birthday as the day of the event.
 - **A participant may enter three events in the Muzzleloading Tournament.** The wildlife contest is not counted as an event. It is required for participants planning on the National Qualifying opportunity.
 - The Tournament Committee/Range Officer's decisions are final
 - **No supplies will be available at the tournament.**
 - **A copy of your DNR hunter safety must accompany this registration form.** (a photo or scanned copy can be sent or emailed to nbyogerst@gmail.com)
 - **Write your hunter safety number here: #** _____
 - Tournament rules and muzzleloader safety rules are available from your muzzleloader leader, or on the 4-H State /Shooting Sports website: <http://fyi.uwex.edu/wi4hshootingssports/>, or contact your extension office.
 - _____ I request physically challenged accommodations. Please define on other side.
 - **EAR AND EYE PROTECTION IS REQUIRED.**
 - _____ **Indicate (NQ) for 4-H National Qualifying opportunity on the event line. NQ participants are required to complete wildlife test to be eligible for NQ.**
 - **I certify that this shooter is currently enrolled in the muzzleloading project, has listed the correct equipment, and is entered in the correct classes.**
- 4-H Certified County Muzzleloader Leader**
 Signature _____ Ph# _____
- ++ An incomplete registration form will not be accepted. +++**

Wildlife Competition: 8:00AM to 12:00 PM. **Separate classes. No fee required for registered shooters.** Shooters are automatically entered in Wildlife. See the 4-H webpage for wildlife information: <http://fyi.uwex.edu/wi4hshootingssports/>

REGISTRATION DEADLINE: Postmarked by Saturday May 2, 2020 **Email entry forms must be received before midnight that day with payment & original registration received here by May 6th.** **You are required to confirm your shooting times.**

Register at least 1 hour before shooting. **Allow time for equipment inspection before shooting.** Allow additional time before or after shooting for the wildlife contest.

Name _____ Birth Date _____ Age _____ Phone _____
 Address _____ City, State, Zip _____
 4-H Club _____ County _____ *E-mail _____

***I have read and understand the 4-H muzzleloading safety rules and tournament rules regarding participation in this event.**

Permission Statement: I grant permission for my child to participate in the Kettle Moraine 4-H Shotgun, Muzzleloading, & .22 Rifle Tournament. I release Saukville Rifle & Pistol Club their volunteers & employees, UW Board of Regents, U-W Extension employees, volunteers, other participants, and donors from any financial responsibility for sickness or accident related to the tournament and/or while in attendance. I agree to pay all expenses for property damage and medical expenses not covered by insurance. I authorize the use of photographs or videos of my child, my family, and myself while attending/participating in this tournament for educational or media purposes. I grant the UW Board of Regents and UW-EX the right to use, publish, and copyright my image (including audio, moving image, or photograph) for educational programs, websites, and promotion of University programs. + **An incomplete registration form will not be accepted.** +

Signature: Parent/Guardian _____ Date _____ Participant Signature _____

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

Mail to: Barb/Norb Yogerst, 2401 Western Avenue, Jackson, WI 53037 PH: 262-677-2379 EM: washingtonco4hshootingssports@gmail.com

Please return this form with payment. Keep a copy for your records. Copy as needed Muzzleloading/2020SMR tournament/2-20