



Submit prior to training course.

CALIFORNIA STATE 4-H SHOOTING SPORTS

Training Request and Registration Form

PERSONAL INFORMATION

Name:	_____		
Address:	_____		
County:	_____		
Home Phone:	_____	Work Phone:	_____
Fax Number:	_____	E-Mail:	_____
4-H Club:	_____	Position:	_____

DISCIPLINE

Please rank in order: first, second, and third the discipline area you would like to receive training in:

<input checked="" type="checkbox"/>	Archery		Hunting	
<input type="checkbox"/>	Rifle	<input type="checkbox"/>	Re-loading	
<input type="checkbox"/>	Pistol	<input type="checkbox"/>	Black Powder/Muzzle Loader	
<input type="checkbox"/>	Shotgun	<input type="checkbox"/>	Coordinator	

(you will participate in only one discipline during the training)

TRAINING

Please list your previous shooting sports training received and any certificates you have received.

Discipline	Training Received	Date	Certification Level

SHOOTING BACKGROUND

Do you have hunting experience?	_____ Yes	_____ No	Number of Years _____
Honors/Recognition:	_____		

Do you have competitive experience?	_____ Yes	_____ No	Number of Years _____
Honors/Recognition:	_____		

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COMMUNITY ACTIVITIES

Please list your participation in community activities and organizations with offices or leadership positions held where applicable.

Organization or Activity	Offices/Leadership Positions Held	Honors/Recognition

TRAINING LOCATION

Please rank in order: first, second, and third the section you would like to receive your training in, as well as how far you would be willing to travel.

Section:	_____ North	_____ North Central	_____ South Central	_____ South
Mileage:	_____ 25 Miles	_____ 50 Miles	_____ 75 Miles	_____ 100 Miles

REFERENCES

List two references that will endorse your qualifications:

Name	Address	Phone

SIGNATURES

Print Name:	_____	_____
	I verify that this applicant has completed the volunteer orientation and screening process.	_____
4-H Staff:	_____	Date: _____
Applicant:	_____	Date: _____

Return Training Request and Registration Form to:

Sandy Sathrum
4-H Office
UCCE Humboldt
5630 South Broadway
Eureka, CA 95503
707-445-7351
sksathrum@ucanr.edu