

Submit prior to training course
PERSONAL INFORMATION

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

DISCIPLINE

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

_____ Archery	_____ Hunting
_____ Rifle	_____ Re-loading
_____ Pistol	_____ Black Powder/Muzzle Loader
_____ Shotgun	

(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 _____

