

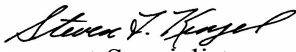


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Cooperative Extension  
4-H Youth Development Programs

DATE: August 29, 2003  
TO: Wisconsin 4-H State Shooting Sports Training Team Members

FROM: Steven F. Kinzel   
4-H Youth Development Specialist  
Wisconsin 4-H Shooting Sports Coordinator

RE: Annual State Training Team Workshop – September 19-21, 2003

#### **4-H STATE TRAINING TEAM ANNUAL WORKSHOP**

This year's workshop, at the Lake Lucerne Camp & Retreat Center (located a little east of Wautoma), should prove worthwhile for all our state training team members who can attend. This will be an opportunity to review past accomplishments, strategize for this coming year, meet new training team members, renew friendships and set dates for future meetings. As in the past, there will be an opportunity to do some shooting and continue to develop skills to assist volunteers. I have asked a couple UW-Extension Agents to share information on a relatively new topic of how to identify Founders Syndrome and how we can avoid it in Wisconsin 4-H Shooting Sports.

#### **AGENDA**

As in the past the planning committee will develop the agenda according to input from all of you. A tentative agenda is included for your use. Give me a call or respond on the registration form as to agenda items (discussion, issues needing to be addressed, action items, etc.) or possible presentations you think would be valuable to training team members. **Remember to bring firm dates for shoots and certification training(s) in your district for the coming year.**

#### **DOOR PRIZES AND AUCTION ITEMS**

We are planning an exciting auction on Saturday evening and a number of great door prizes. Remember to bring items for door prizes and/or auction.

#### **RULES AND REGULATIONS AT LAKE LUCERNE CAMP & RETREAT CENTER**

No pets, no smoking, no alcoholic beverages, or illegal drugs allowed on grounds.

**As always, thanks to the National Wild Turkey Federation, Gander Mountain, Federal Cartridge, the Wisconsin 4-H Foundation, and a host of others for their generosity that allows us to provide safe shooting sports opportunities for youth.**

**Please return the enclosed registration form to Barb Chase, 431 Lowell Hall, 610 Langdon St., Madison, WI 53703 by September 16, 2003.**

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**4-H SHOOTING SPORTS  
STATE TRAINING TEAM WORKSHOP  
Lake Lucerne Camp & Retreat Center  
September 19 - 21, 2003**

Name \_\_\_\_\_ County \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Office Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Fax No. \_\_\_\_\_

We will plan on a shooting activity if you like. Do you think we should use time on Saturday for a shooting experience or continue on agenda items? \_\_\_\_\_ shooting \_\_\_\_\_ agenda items  
If the majority would like to participate in a shooting activity, please check the two disciplines you prefer with your 1<sup>st</sup> and 2<sup>nd</sup> choice. We will offer an opportunity to shoot based on your responses and the availability of shooting space and instructors.

\_\_\_\_ Archery \_\_\_\_ Air Pistol \_\_\_\_ .22 Rifle \_\_\_\_ Shotgun \_\_\_\_ Muzzleloading \_\_\_\_ Reloading

Please check any of the following if you would like to help with the workshop:

\_\_\_\_ I am willing to \_\_\_\_ lead or \_\_\_\_ help with one of the shooting disciplines.

Discipline you are willing to lead or help with: \_\_\_\_\_

I would like to make a presentation on the following subject: \_\_\_\_\_

Time needed for presentation: \_\_\_\_\_

Please check one of the following:

**\_\_\_\_ I want to continue as a member of the Wisconsin 4-H Shooting Sports Training Team and am willing to be involved in offering 4-H certification training opportunities and helping with at least one Statewide Invitational Shoot.**

\_\_\_\_ Please move my name to the inactive list of Wisconsin 4-H Shooting Sports State Training Team members.

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

Due to funding provided by the National Wild Turkey Federation, Gander Mountain, and the Wisconsin 4-H Foundation, the registration fee of \$30.00 per person will cover room and board for Friday evening through Sunday noon.

Please return registration form and \$30.00 check made payable to UW-Extension. Mail to: Barb Chase, 436 Lowell Hall, 610 Langdon Street, Madison, WI 53703 by September 16, 2003.