

# STATEWIDE 4-H SHOOTING SPORTS CERTIFICATION WORKSHOP

## Registration Form

**Name of Workshop:** NE District Shooting Sports Certification Workshop

**Workshop Location:** Shawano County Fairgrounds Commercial Building, Shawano WI

**Dates and Times:** January 24, 2004, 8:30 AM

**Application Deadline:** January 17, 2004

**Certification in:** Archery, Rifle

**Fee:** \$20.00 Does not include lunch and breaks

**Directions:** Follow Green Bay St to Fairgrounds. Located on west side of fairgrounds

**Check payable to:** Shawano County Extension

**Send to:** Tom Kramer, W7891 Cty M, Shawano WI 54166

For more information regarding this workshop contact: Tom Kramer, 715-524-3261 OR Todd Christenson, 920-685-6781

..... Cut along dotted line .....

(For adults 18 years and older)

Please do not write in this box

Name \_\_\_\_\_ Age \_\_\_\_\_

Check # \_\_\_\_\_

Address \_\_\_\_\_

Amount \_\_\_\_\_

\_\_\_\_\_

Date Rec'd \_\_\_\_\_

County \_\_\_\_\_ Phone ( ) \_\_\_\_\_

I am a(n):

Adult 4-H Leader

Volunteer /friend of 4-H

Youth Leader

Other \_\_\_\_\_

Enclosed is my \$20.00 registration fee to cover literature . **Make check payable to: Shawano County Extension**

**DEADLINE: January 17, 2004**