

**4-H Shooting Sports  
Coordinator  
S.E. District Volunteer Certification Workshop  
Public Agency Center 333 E. Washington Street, West Bend, Wisconsin 53095  
Saturday, November 5, 2005**

We are pleased to invite you to attend a workshop for the 4-H Coordinator Certification.

**The general purpose of a coordinator is to be responsible for the overall coordination and management of the county/area 4-H Shooting Sports Program.** The coordinator discipline teaches a broad range of subject matter encompassing everything from youth development to fund-raising, from volunteer development to risk management. Participants will be equipped to start or improve a 4-H Shooting Sports Program that will meet the needs of both youth members and adult leaders in their county.

Participants must be 21 years old or older. **Register early. Class size will be limited.**

REGISTRATION DEADLINE is October 19, 2005

Instructors: Barb and Norb Yogerst

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PROGRAM AGENDA:        7:30 - 8:00 REGISTRATION (Juice, coffee and rolls)  
                                  8:00 - Classes begin (promptly)  
                                  11:30 -12:00 LUNCH (included with fee)  
                                  4:15 Summary, Last minute questions.  
                                  4:30 Head for Home

***FOR MORE INFORMATION OR Information on Area Motels: Please contact Barb or Norb Yogerst, 262-677-2379, Fax 262-677-2194, E-mail: [nbyogerst@sbcglobal.net](mailto:nbyogerst@sbcglobal.net)***

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Directions to the Public Agency Center (PAC): from Hwy. 45 & 33 (Interchange on the NW side of West Bend) Exit **EAST** on Hwy. 33 (Washington Street) and go approximately 2 miles east to Indiana Avenue. Turn right or south at the stop and go light and proceed 1/2 block. Turn left at the PAC parking lot entrance. You will enter on the lower level, at the back of the building. Watch for signs for the meeting room.

**\*\*\*\*\* REGISTRATIONS MUST BE POST MARKED or FAXED on October 19, 2005 \*\*\*\*\***

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

Address: \_\_\_\_\_

City, State, and Zip: \_\_\_\_\_ County \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail address \_\_\_\_\_

\_\_\_\_\_ I'm interested in ride sharing if someone from my area also registers for this program. Please e-mail or call me.

Enclosed is my \$25.00 registration fee. Check # \_\_\_\_\_

**Make checks payable to: UWEX-Washington Co.**

**Send to: S.E. District Shooting Sports - *Coordinator***

Barb Yogerst

2401 Western Avenue

Jackson, WI 53037

Phone 262-677-2379 Fax 262-677-2194

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