

**STATEWIDE 4-H SHOOTING SPORTS CERTIFICATION WORKSHOP
Registration Form**

Name of Workshop: NORTHEAST DISTRICT VOLUNTEER CERTIFICATION WORKSHOP

Workshop Location: Lena, WI

Dates and Times: January 22, 2005

Application Deadline:

Certification in: Archery

Fee:

Directions to workshop:

Check payable to:

Send to:

For more information regarding this workshop contact: Tom Kramer, W7891 Cty M, Shawano WI 54166, 715-524-3261, tkramer@crinet.com

.....Cut along dotted line

Please do not write in this box

Name _____ Age _____

Address _____

County _____ Phone () _____

Check # _____
Amount _____
Date Rec'd _____

I am a(n): Adult 4-H Leader Volunteer /friend of 4-H Youth Leader Other ___

Please check which discipline you are seeking certification for:

Archery

Enclosed is my _____ registration fee. **Make check payable to:** _____

DEADLINE: