

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

**Name of Workshop:** NE District Archery/Wildlife Certification Workshop

**Workshop Location:** Caroline Legion, Caroline

**Dates and Times:** January 20, 2007

**Application Deadline:** January 13, 2007

**Certification in:** Archery, Wildlife

**Fee:** \$25.00                      **Fee includes lunch and breaks**   X   **Yes**

**Directions to workshop:** County M to west end of Caroline. Legion is on north side of the road.

**Check payable to:** Shawano County 4-H Shooting Sports

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

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 (     ) \_\_\_\_\_

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                                       Wildlife

Enclosed is my   \$25.00   registration fee. **Make check payable to: Shawano County 4-H Shooting Sports**

**DEADLINE: January 13, 2007**

Check # _____
Amount _____
Date Rec'd _____