

**4-H SHOOTING SPORTS  
STATE TRAINING TEAM WORKSHOP**

**Wisconsin Lions Camp  
September 25-27, 2009**

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

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

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

Meals:  **Fri.** snack;  **Sat.** breakfast  lunch  supper;  **Sun.** breakfast  lunch

List special needs (food requirements or others): \_\_\_\_\_

We will NOT be offering an opportunity to shoot based on a new agenda format that will help promote teaching, program growth, and allow everyone to leave shortly after lunch on Sunday.

I am willing to present a teaching strategy, prop, material that I have found useful.

yes  not at this time

Topic of presentation (s): \_\_\_\_\_

Time needed for presentation (15 minutes max): \_\_\_\_\_

**Topics or policy items needing to be addressed:** \_\_\_\_\_

Use backside of registration form for listing additional items.

Team members will break into several different committees during the workshop. Please indicate if you would like to be on the  certification committee or  competition committee.

Please also indicate which discipline committee you would like to serve on.  archery;  
 pistol;  hunting/wildlife ecology;  muzzleloading;  rifle;  shotgun

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 annually 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 Wisconsin Chapter of the National Wild Turkey Federation, Federal Cartridge, Safari Club International (State and NE Chapters) Rocky Mountain Elk Foundation, and the Wisconsin 4-H Foundation, the registration fee of \$35.00 per person will help to cover your expenses for room and board Friday evening through Sunday noon. We need a head count for meals by September 12, 2009.

**Please return registration form and \$35.00 check made payable to UW-Extension. Mail to: Tom Carpenter, 431 Lowell Hall, 610 Langdon Street, Madison, WI 53703 by September 12, 2009 to assure your reservation.**