

Archery Registration Form 2010

Tri-County 4-H Statewide Invitational

Friday, March 26, 2010 5:00 - 8:30 PM and Saturday, March 27, 2010 6:30 AM - 4:30 PM
 Washington County Fair Park, 3000 Hwy. PV, West Bend, WI (Hwy 45 S. of West Bend)

Indoor archery events: Mark the event(s) you want to enter. Archers are limited to two archery & one longbow class or one archery & two longbow classes in the same age division. There is a \$7.00 fee for the first archery class and \$6.00 for each additional class. To be eligible to take part in this tournament you must be registered as a Wisconsin 4-H Shooting Sports archery project member as recognized in your county.

Junior (8yr+3rdgr.-11 yr) -10 yds.	RECURVE	COMPOUND
Bare bow	_____	_____
Bow with one shooting aid*	_____	_____
Bow with two shooting aids*	_____	_____
Bow with three shooting aids*	3+ _____	_____
Bow with 4 or more shooting aids*	<u>XXXXXXXX</u>	_____
Longbow w/o arrow shelf	without nock _____	with nock _____
Longbow with arrow shelf	without nock _____	with nock _____

Intermediate (12 yr-14 yr) 15 yds.	RECURVE	COMPOUND
Bare bow	_____	_____
Bow with one shooting aid*	_____	_____
Bow with two shooting aids*	_____	_____
Bow with three shooting aids*	3+ _____	_____
Bow with 4 or more shooting aids*	<u>XXXXXXXX</u>	_____
Longbow w/o arrow shelf	without nock _____	with nock _____
Longbow with arrow shelf	without nock _____	with nock _____

Senior (15yr - 1 yr/f/hs) 20 yds.	RECURVE	COMPOUND
Bare bow	_____	_____
Bow with one shooting aid*	_____	_____
Bow with two shooting aids*	_____	_____
Bow with three shooting aids*	3+ _____	_____
Bow with 4 or more shooting aids*	<u>XXXXXXXX</u>	_____
Longbow w/o arrow shelf	without nock _____	with nock _____
Longbow with arrow shelf	without nock _____	with nock _____

- **Your division is determined by your birthday as of the day of this event.** Archer may register in next older age division on this form only. Your entry age division must be the same in all classes throughout the tournament. EXCEPT National 4-H Qualification.
 - **You must review the tournament rules before completing this registration form.** Tournament rules, aids*, and archery safety rules are available from your archery leader, on the internet, or contact your extension office.
 - Archers cannot leave the shooting range and must adjust their own equipment without help. (See rules.)
 - _____ I request physically challenged accommodations. Please define on the reverse side.
 - **Circle class to be used for team competition or 1st entry is used.**
 - I am entered on an archery team. Use the "Team Competition" registration form" to enter your team.
Team Name: _____
 - **Indicate (NQ) for 4-H National Qualifying Opportunity on the event line.**
 - **I certify that this "archer" is currently enrolled in the 4-H Archery Project, understands the archery safety rules, has reviewed the tournament rules, has the correct equipment, and is entered in the correct classes.**
 - **4-H Certified County Archery Leader**
- Signature _____ Ph # _____

****NUMBER which class you are shooting 1st, 2nd, 3rd **. Number your time preference 1st, 2nd, 3rd, for each class.**
 CIRCLE the class above to be used for team competition or 1st will be used.

Fri.: 5:30 _____ 7:00 _____ Sat.: 6:30 AM _____ 8:00 _____ 9:30 _____ 11:00 _____ 12:30PM _____ 2:00 _____
 ***You are required to email or call us to confirm your shooting times after March 15th. ***

Wildlife Ecology Competition: Friday night and Saturday to 1:00PM. Separate age classes: 8-9, 10, 11, 12, 13, 14, 15, 16, 17-1yr/f/hs. Different tests will be used in various age divisions, content described on Team Competition Form. No fee required. Shooters are automatically entered. I'm entered on a wildlife team. Team Name _____
 See the 4-H web page for more details on contest topics: www.uwex.edu/ces/4h/onlinpro/shooting/index.cfm

Each PARTICIPANT receives only one Tournament T-Shirt. Adult sizes: Small _____ Medium _____ Large _____ X Large _____ XX L _____

REGISTRATION DEADLINE: Postmarked Saturday, March 6, 2010 Faxed entry forms must be received before midnight that day with payment and original registration received here by March 10th. No late entries accepted.

Name _____ Birth Date _____ Age _____ Phone _____
 Address _____ City, State, Zip _____
 4-H Club _____ County _____ E-mail _____

I have read and understand the tournament rules.

***4-H Member's Signature _____ ***Parent's Signature _____

Permission Statement: I grant permission for my child to participate in the Tri County 4-H Statewide Invitational. I release The Washington County Agriculture and Industrial Society & Washington County Fair Park, their employees, UW Board of Regents, U-W Extension, employees, volunteers, and donors from any financial responsibility for sickness or accident while in attendance. I agree to pay all expenses for property damage and medical expenses not covered by insurance. I authorize the use of photographs or videos of my child, my family, and myself while attending this tournament for educational or media purposes. I grant the UW Board of Regents and UW-EX (hereinafter University) the right to use, publish, and copyright my image (including audio, moving image, or photograph) for educational programs, websites, and promotion of University programs.

*****Signature: Parent/Guardian _____ Date _____

Total fees: _____ Check Number _____ Make checks payable to: U-W Extension, Washington Co.

Mail to: Barb/Norb Yogerst, 2401 Western Avenue, Jackson, WI 53037 PH: 262-677-2379 FX: 262-677- 2194 EM:

nbyogerst@sbcglobal.net

Please return this form with payment. Keep a copy for your records. Copy as needed.