Archery Registration Form 2022 Tri-County 4-H Invitational

Friday, April 1, 2022 4:00 - 9:00 PM and <u>Saturday</u>, April 2, 2022 6:30 AM - 5:00 PM

Washington County Fair Park, 3000 Hwy. PV, West Bend, WI (Hwy 45 South of West Bend)

Indoor archery events: Archers are limited to four archery classes in the same age division and four air rifle classes in the same age division. <u>Each participant receives a Tri-County T-shirt</u>. 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. <u>Register early or take what is left for shooting times</u>.

Indicate your class and 1^{st,}-2nd-3rd-4th choices for shooting times. NO EQUIPMENT CHANGES OR CLASS CHANGES. NO SHOOTING TIME CHANGES OR THE ORDER OF SHOOTING YOUR CLASSES. NO REFUNDS.

1 ST Class Code	_ Time: Friday: 5:00 PM	_6:308:00	; Saturday:	7:00 AM	_ 8:30	_10:00_	_11:30_	1:00 PM
2nd Class Code	Time: Friday: 5:00 PM	6:308:00_	; Saturday:	7:00 AM	8:30	_10:00	_11:30	_1:00 PM
3rd Class Code	Time: Friday: 5:00 PM	6:308:00	; Saturday:	7:00 AM	_ 8:30	_10:00	_11:30	1:00 PM
4th Class Code	Time: Friday: 5:00 PM	6:308:00_	; Saturday:	7:00 AM	8:30	_10:00	_11:30	_1:00 PM

We will try to schedule your times as requested. <u>We cannot guarantee your choices as they will be scheduled in the order the</u> <u>registrations are received</u>. SO MAIL EARLY. ******You are required to email or call us to confirm your shooting times after March 20th. *******

Permission Statement: I grant permission for my child to participate in the Tri County 4-H Invitational Tournament and related activities. I release the Washington County Agriculture and Industrial Society & Washington County Fair Park, their employees, University of Wisconsin, UW Extension employees, 4-H Clubs, Tri County Tournament, volunteers, and donors from any financial responsibility. I agree to pay all expenses not covered by insurance. I authorize the use of photographs of our family at this event for educational or media purposes. I have read, understand, and will abide by the tournament/contest rules regarding participation.

Signature: Parent/Guardian _____

___ Date ______Participant's Signature____

Total fees:	Check Number	Make checks payable	to: Washington	County 4-H Shooting Sp	orts
Mail to: Barb/N	lorb Yogerst, 2401 Western Avenue,	Jackson, WI 53037 I	PH: 262-677-237	79	
EM: washington	co4hshootingsports@gmail.com				

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

ords. Copy as needed.

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