.177 Air Rifle Registration Form 2024 Tri-County 4-H Tournament

Friday, March 22, 2024 4:00 - 9:00 PM and Saturday, March 23, 2024 6:30 AM - 4:00 PM Washington County Fair Park, 3000 Hwy. PV, West Bend, WI (Hwy 45 South of West Bend)

Indoor air rifle events: Shooters are limited to four air rifle classes in the same age division and four archery classes in the same age division. Each participant receives one Tri-County T-shirt. To be eligible to take part in this tournament you must be registered as a Wisconsin 4-H Shooting Sports air rifle project member as recognized in your county.

Register early or take what is left for shooting times.

Indicate your class and 1st2nd-3rd-4th choices for shooting times. NO EQUIPMENT CHANGES OR CLASS CHAN	IGES.
NO SHOOTING TIME CHANGES OR THE ORDER OF SHOOTING YOUR CLASSES. NO REFUNDS.	

Example 1ST Class Code	POB _Time:	Friday: 5:00 PM	16:30_1	1_ 8:00_ 2 _ ;	Saturday:	7:00 AM	_ 8:30_ 3	_10:00	_11:30	1:00 PM
1 ST Class Code		Friday: 5:00 PN								
2nd Class Code	Time:	Friday: 5:00 PM	6:30	_8:00;	Saturday:	7:00 AM	8:30	10:00	11:30	1:00 PM
3rd Class Code	Time:	Friday: 5:00 PM	6:30	_8:00;	Saturday:	7:00 AM	8:30	10:00	_11:30	1:00 PM
4th Class Code	Time:	Friday: 5:00 PM	6:30	_8:00;	Saturday:	7:00 AM	8:30	10:00	11:30	1:00 PM

are received. SO MAIL EARLY. **You are required to email or c	all us to confirm your shooting times after March 15th.****
Mark your Age Division:	1st Air Rifle Class \$10.00 2nd Additional Air Rifle Class \$6.00 3rd Additional Air Rifle Class \$6.00
Plinker – Aperture Sights Bench Only (PAB)	4 th Additional Air Rifle Class \$6.00 No Refunds Total:
Plinker – Open Sights (PO)	No Kerunus Total.
Plinker – Aperture Sights (PA)	
Sporter – Open Sights (SO) Sporter – Aperture Sights (SA)	RULE - Air rifles may not exceed over 600 feet per second velocity.
<u>Circle event to be used for team or first event entered will on your team s</u> Use Team Competition Form. No Changes. No charge.	No equipment changes or class changes or shooting time changes are allowed. Make sure you understand this rule.
Wildlife Habitat Competition: (Required participation for Shooting Spo No fee required. Shooters are automatically entered. This contest is not the Wildlife WHEP & Forestry Statewide Competition. See the separate Wildlife WHEP & Forestry Statewide Competition registrat Friday night 3:30 - 8:00 PM and Saturday to 6:30 -1:00 PM. Separate age classes: 8-9, 10, 11, 12, 13, 14, 15, 16, 17-19. Different tests for various age divisions. Use Team Competition Form. No Change K-5 to Second 2 nd grade - participation only. No registration required. See the 4-H web site for more details on wildlife contest topics: https://4h.extension.wisc.edu/opportunities/projects/shooting-sports/competitive-shoots See the Wildlife WHEP Wisconsin 4-H web site for more details on wildlife topics: https://4h.extension.wisc.edu/opportunities/projects/outdoor-education Each PARTICIPANT receives only one Tournament T-Shirt. Adult sizes: Small Medium Large X Large XX L REGISTRATION DEADLINE: Postmarked Monday, February 29,	division on this form only. Your entry age division must be the same in all classes throughout the tournament. EXCEPT for Archery National 4-H Qualification. You must review the tournament rules before completing this registration form. Tournament rules and safety rules are available from your leader, Tri County Tournament or on the State 4-H/Shooting Sports website. I request physically challenged accommodations. Please define on the reverse side. I certify that this "shooter" is currently enrolled in the 4-H Air Rifle Project, understands the air rifle safety rules, has reviewed the tournament rules, has the correct equipment, and is entered in the correct classes. 4-H Certified County Air Rifle Leader or 4-H Youth Development Educator SignaturePh #
NameBirth Date	te AgePhone
AddressCity, Sta	te, Zip
4-H ClubCounty	E-mail
Permission Statement: I grant permission for my child to participate in the Tri County County Agriculture and Industrial Society & Washington County Fair Park, their emple County Tournament, volunteers, and donors from any financial responsibility. I agree photographs of our family at this event for educational or media purposes. Participan consent for medical treatment form when not accompanied by a parent/stournament/contest rules regarding participation.	oyees, University of Wisconsin, UW Extension employees, 4-H Clubs, Tri to pay all expenses not covered by insurance. I authorize the use of it is responsible to have emergency contact information &
Signature: Parent/Guardian Date	Participant's Signature

EM: washingtonco4hshootingsports@gmail.com

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

__ Check Number_____ Make checks payable to: Washington County 4-H Shooting Sports