

.177 Air Rifle Registration Form 2025 Tri-County 4-H Tournament

Friday, March 28, 2025 4:00 - 9:00 PM and Saturday, March 29, 2025 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 1st-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.

Example 1ST Class Code POB Time: Friday: 5:00 PM 6:30 1 8:00 2 ; Saturday: 7:00 AM 8:30 3 10:00 11:30 1:00 PM
1ST Class Code _____ Time: Friday: 5:00 PM 6:30 8:00 ; Saturday: 7:00 AM 8:30 10:00 11:30 1:00 PM
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

We will try to schedule your times as requested. We cannot guarantee your choices as they will be scheduled in the order the registrations are received. SO MAIL EARLY. **You are required to email or call us to confirm your shooting times after March 15th.******

Mark your Age Division:

_____ **Junior (8yr+3rdgr.-11 yr.)**
_____ **Intermediate (12 yr-14 yr)** _____ 4-H National Qualifying Opportunity (13 min.)
_____ **Senior (15yr-1yr/f/hs)** _____ 4-H National Qualifying Opportunity

Choose your classes.

Write 1, 2, 3, or 4 in the appropriate classes (same as above).

Plinker – Open Sights Bench Only (POB) _____
Plinker – Aperture Sights Bench Only (PAB) _____
Plinker – Open Sights (PO) _____
Plinker – Aperture Sights (PA) _____
Sporter – Open Sights (SO) _____
Sporter – Aperture Sights (SA) _____

Circle event to be used for team or first event entered will on your team score.

Use Team Competition Form. No Changes. No charge.

Wildlife Habitat Competition: (Required participation for Shooting Sports NQ.)

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 registration form.

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 used for various age divisions. No parents can help. Reading assistance is provided

Use Team Competition Form. No Changes.

K-5 to Second 2nd grade - participation only and registration is not 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 contest 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 Thursday, March 8, 2025.

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

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. **Participant is responsible to have emergency contact information & consent for medical treatment form when not accompanied by a parent/guardian. 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 Sports**

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

EM: washingtonco4hshootingssports@gmail.com

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

TRI CO 2024/0930

1st Air Rifle Class	
if ALSO entered in Archery	\$8.00 _____
OR if entered only in Air Rifle	
1st Air Rifle Class	\$10.00 _____
2nd Additional Air Rifle Class	\$6.00 _____
3rd Additional Air Rifle Class	\$6.00 _____
4th Additional Air Rifle Class	\$6.00 _____
No Refunds	Total: _____

- **RULE - Air rifles may not exceed over 600 feet per second velocity.**
- **No equipment changes or class changes or shooting time changes are allowed. Make sure you understand this rule.**
- **Your division is determined by your age as of January 1st of this YEAR.** Shooter 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 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**

Signature _____ Ph # _____

++ An incomplete registration form will not be accepted. ++