

# Archery 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 archery events: Archers are limited to four archery classes in the same age division and four air rifle 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 archery project member as recognized in your county. **Register early or take what is left for shooting times.**

Indicate your class and 1<sup>st</sup>-2<sup>nd</sup>-3<sup>rd</sup>-4<sup>th</sup> choices for shooting times. **NO EQUIPMENT CHANGES OR CLASS CHANGES. NO SHOOTING TIME CHANGES OR THE ORDER OF SHOOTING YOUR CLASSES. NO REFUNDS.**

1<sup>st</sup> Class Code \_\_\_\_\_ Time: Friday: 5:00 PM 6:30 8:00 ; Saturday: 7:00 AM 8:30 10:00 11:30 1:00 PM  
2<sup>nd</sup> Class Code \_\_\_\_\_ Time: Friday: 5:00 PM 6:30 8:00 ; Saturday: 7:00 AM 8:30 10:00 11:30 1:00 PM  
3<sup>rd</sup> Class Code \_\_\_\_\_ Time: Friday: 5:00 PM 6:30 8:00 ; Saturday: 7:00 AM 8:30 10:00 11:30 1:00 PM  
4<sup>th</sup> 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) -10 yds.  
\_\_\_\_\_ Intermediate (12-14 yr) - 15 yds. \_\_\_ 4-H National Qualifying (13 min.) 20 Yards  
\_\_\_\_\_ Senior (15yr - 1 yr/f/hs) - 20 yds. \_\_\_ 4-H National Qualifying Opportunity

Choose your classes. **Recurve** **Compound**

Write 1, 2, 3, or 4 in the appropriate class.

Bare Bow	_____ RBB	_____ CBB
Bow with one shooting aid	_____ RB1	_____ CB1
Bow with two shooting aids	_____ RB2	_____ CB2
Bow with three shooting aids (3+)	_____ RB3	_____ CB3
Bow with 4 or more shooting aids	_____ XXXX	_____ CB4
Longbow w/o nock & w/o arrow shelf	_____ LBWO	
Longbow - any combination of shelf or knock	_____ LBW	

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 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 2<sup>nd</sup> 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: [washingtonco4hshootingports@gmail.com](mailto:washingtonco4hshootingports@gmail.com)

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

TRI CO 2024/0930

## 1st Archery Class

if ALSO entered in Air Rifle Class \$8.00 \_\_\_\_\_

\*\*\*\*\*OR if entered ONLY in Archery\*\*\*\*\*

1<sup>st</sup> Archery Class (Not in Air rifle) \$10.00 \_\_\_\_\_

2<sup>nd</sup> Additional Archery Class \$6.00 \_\_\_\_\_

3<sup>rd</sup> Additional Archery Class \$6.00 \_\_\_\_\_

4<sup>th</sup> Additional Archery Class \$6.00 \_\_\_\_\_

(NO REFUNDS) Total: \_\_\_\_\_

- All signatures are required or form will be rejected.
- 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 1<sup>st</sup> of this YEAR. 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 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 "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 and the order of shooting classes.

- 4-H Certified County Archery Leader or 4-H Youth Development Educator

Signature \_\_\_\_\_ Ph # \_\_\_\_\_

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