

Archery Registration Form 2026 - Tri-County 4-H Tournament #25

Friday, March 27, 2026 4:00 - 9:00 PM and Saturday, March 28, 2026 6:30 AM - 3:00 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 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.

*****You are required to email or call us to confirm your shooting times after **March 15th.** *****

____ 1st Class Code - Time: **Friday:** ____ 5:00 PM ____ 6:30 ____ 8:00 ; **Saturday:** ____ 7:00 AM ____ 8:30 ____ 10:00 ____ 11:30 ____ 1:00
 ____ 2nd Class Code - Time: **Friday:** ____ 5:00 PM ____ 6:30 ____ 8:00 ; **Saturday:** ____ 7:00 AM ____ 8:30 ____ 10:00 ____ 11:30 ____ 1:00
 ____ 3rd Class Code - Time: **Friday:** ____ 5:00 PM ____ 6:30 ____ 8:00 ; **Saturday:** ____ 7:00 AM ____ 8:30 ____ 10:00 ____ 11:30 ____ 1:00
 ____ 4th Class Code - Time: **Friday:** ____ 5:00 PM ____ 6:30 ____ 8:00 ; **Saturday:** ____ 7:00 AM ____ 8:30 ____ 10:00 ____ 11:30 ____ 1:00

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 17th.** *****

Mark your Age Division AS OF January 1st:

____ **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 Your Bow # 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 charge and no changes after submission.

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 charge and no changes after submission.

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

1st Archery Class
 if ALSO entered in Air Rifle Class: ____ \$10.00

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

1st Archery Class (Not in Air rifle) ____ \$12.00

2nd Additional Archery Class ____ \$7.00

3rd Additional Archery Class ____ \$7.00

4th Additional Archery Class ____ \$7.00

(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 1st 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 Instructor, 4-H Volunteer Leader, or 4-H Youth Development Educator
 Signature _____ Ph # _____
 ++ An incomplete registration form will not be accepted. ++

REGISTRATION DEADLINE: Postmarked Saturday, March 7, 2026. No Late Entries.

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

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