

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

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 ----- CB1
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 NO.)

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

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: washingtonco4hshootingsports@gmail.com

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