.177 Air Rifle Registration 2027 - Tri-County 4-H Tournament

Friday, April 2, 2027 4:00 - 9:00 PM and Saturday, April 3, 2027 6:30 AM - 3:00 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.

*Example 1ST Class Code__**POB**_ Time: Friday: __5:00_**1**_5:45__**6**:30_**2**_7:15_**3**_8:00* **(You must email us to confirm your shooting time.)**

*1ST Class Code____ Time: **Friday**: __5:00 PM __**6**:00 __7:00 __8:00 **Saturday.**: __7:00 AM __**8**:80 __9:00 __10:00 __11:00*

*2nd Class Code_____Time: **Frday.**: __5:00 PM __**6**:00 __7:00 __8:00 **Saturday.**: __7:00 AM __**8**:80 __9:00 __10:00 __11:00*

*3rd Class Code_____Time: **Friday**: __5:00 PM __**6**:00 __7:00 __8:00 **Saturday:** __7:00 AM __**8**:80 __9:00 __10:00 __11:00*

*4th Class Code_____Time: **Friday:** __5:00 PM __**6**:00 __7:**00** __8:00 **Saturday.**: __7:00 AM __**8**:80 __9:00 __10:00 __11:00*

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 20th.****

Mark your Age Division AS OF January 1st:

_____ **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) ____ Your air rifle #_____

Plinker – Aperture Sights Bench Only (PAB) ____ Your air rifle #_____

Plinker – Open Sights (PO) ____ Your air rifle #_____

Plinker – Aperture Sights (PA) ____ Your air rifle #_____

Sporter – Open Sights (SO) ____ Your air rifle #_____

Sporter – Aperture Sights (SA) ____ Your air rifle #_____

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

1st Air Rifle Class if ALSO ENTERED IN AN ARCHERY CLASS $10.00 ____

**** If entered only in AIR RIFLE*****

1st Air Rifle Class	**$ 12.00**	_____
Additional Air Rifle Class	**$7.00**	_____
3rd Additional Air Rifle Class	**$7.00**	_____
4th Additional Air Rifle Class	**$7.00**	_____
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 Instructor , 4-H Volunteer Leader, or Youth Development Educator**

Signature _____**Ph #**_____

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

***REGISTRATION DEADLINE:* Postmarked Saturday, March 13, 2027. 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. TRICO 2027//0901