Archery Registration Form 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 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 20th. **********

_____ *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 20th. **********

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. Write 1, 2, 3, or 4 in the appropriate class.	**Recurve**	**Your Bow #**	**Compound Bow**
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 in 3+	***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 AN 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 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