Note: youth must be currently enrolled in the 4-H Shooting Sports – Hunting project to participate

Name: _____ Age (on 1/1/23): _____

Email: _____ Cell phone (# for day of event):_____

County (where enrolled): _____ Coach/Leader Name: _____

Parent Name: _____ Home Phone: _____

Age Division (age as of January 1, 2023):

❑ Junior (8-10)   ❑ Intermediate (11-13)*   ❑ Senior (14-18) – Only the top seniors are eligible for Nationals

*Note: Participants 13 years of age as of January 1, 2023 may opt to compete in the Senior age division in an effort to qualify for the 2023 Nationals, or remain in the Intermediate age division. If opting up, check box after respective Intermediate listing.

Discipline:

Saturday, November 4th (Check-in at 8:30 AM, contest to start promptly at 9:00 AM)

Hunting – **events include Hunter Decision Making, Hunter Skills and Wildlife ID/Management**

__ Junior ($25 per person)

__ Intermediate ($25 per person)   ❑ check here if 13 and opting up to Senior Division

__ Senior ($25 per person)   ❑ if I qualify, I intend to go to the National 4-H Shooting Sports Championships (*check if YES*)

Hunting Coach Verification: *I verify this member knows the governing rules for all hunting events, and through practice has developed the skills to ensure they can safely and successfully participate.*

Coach Signature: _____ Date: _____

E-mail Address: _____ Phone: _____

Registration: *(No registrations accepted if postmarked after October 27, 2023)*

27

Registration **(must be postmarked by October 27, 2023)** – total of discipline fees (*see above*)   **$ _____**

Make checks payable to: ***UI Twin Falls County Extension***

Mail checks and registration forms to: ***UI Extension – Twin Falls County***
630 Addison Ave. West, Suite 1600
Twin Falls, ID 83301

National Championship Eligibility:

Have you previously participated in a ***4-H Shooting Sports National Championships*** at Grand Island, NE? (Yes/No) _____

If yes, indicate which discipline(s) you participated in: _____

Permission/Medical Release:

I give permission for my child to participate in these Idaho 4-H Shooting Sports Contests. I've signed all appropriate waivers with their 4HOnline registration. I grant permission for medical treatment if my child is injured.

Parent signature _____ Date _____

Extension Verification:

I verify this member is currently enrolled in each of the 4-H Shooting Sports discipline(s) being entered, and thus eligible to participate.

Extension signature _____ Date _____