

Archery Registration Form 2016 Tri-County 4-H Invitational

Friday, April 1, 2016 4:30 - 9:00 PM and Saturday, April 2, 2016 7:00 AM - 4:30 PM

Washington County Fair Park, 3000 Hwy. PV, West Bend, WI (Hwy 45 South of West Bend)

Indoor archery events: Archers are limited to three archery classes in the same age division. There is an \$8.00 fee for the first archery class and \$6.00 for each additional archery class. 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.

WRITE your choice in the "TIME/choice" slot in the JR – INT – SR. (Ex: Bare Bow Recurve 6:30 // 1st, 10:00 // 2nd, 1:30 // 3rd) Available times are : **Friday:** 5:00 / 6:30 / 8:00 ; **Saturday:** 7:00 AM / 8:30 / 10:00 / 11:30 / 1:00 PM Indicate 1st-2nd-3rd choice. CIRCLE the class to be used for team competition or first shooting class time will be used for team entry.

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 22nd. *******

Junior (8yr+3rdgr.-11 yr) -10 yds.	TIME-Recurve	TIME-Compound
Bare Bow* See rules	____//____	____//____
Bow with one shooting aid*	____//____	____//____
Bow with two shooting aids*	____//____	____//____
Bow with three shooting aids*	3+____//____	____//____
Bow with 4 or more shooting aids*	<u>XXXXXXXX</u>	____//____
Bow 4+ aids, 24-27/64" arrows only**	____//____	____//____
Longbow w/o nock & w/o arrow shelf	____//____	Time
Longbow - any combination of shelf or knock	____//____	Time

Intermediate (12 yr-14 yr) 15 yds.	TIME-Recurve	TIME-Compound
Bare Bow* See rules	____//____	____//____
Bow with one shooting aid*	____//____	____//____
Bow with two shooting aids*	____//____	____//____
Bow with three shooting aids*	3+____//____	____//____
Bow with 4 or more shooting aids*	<u>XXXXXXXX</u>	____//____
Bow 4+ aids, 24-27/64" arrows only**	____//____	____//____
Longbow w/o nock & w/o arrow shelf	____//____	Time
Longbow - any combination of shelf or knock	____//____	Time

Senior (15yr - 1 yr/f/hs) 20 yds.	TIME-Recurve	TIME-Compound
Bare Bow* See rules	____//____	____//____
Bow with one shooting aid*	____//____	____//____
Bow with two shooting aids*	____//____	____//____
Bow with three shooting aids*	3+____//____	____//____
Bow with 4 or more shooting aids*	<u>XXXXXXXX</u>	____//____
Bow 4+ aids, 24-27/64" arrows only**	____//____	____//____
Longbow w/o nock & w/o arrow shelf	____//____	Time
Longbow - any combination of shelf or knock	____//____	Time

- **Your division is determined by your birthday as of the first day of this event.** 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 National 4-H Qualification.
- *** BOW AIDS are defined in Archery Tournament Rules**
- **Standard tournament arrows are 23/64" Diameter or less.**
- **Separate Class – 24/64 to 27/64 inch diameter arrows only**
- **You must review the tournament rules before completing this registration form.** Tournament rules and safety rules are available from your leader or on the State 4-H/Shooting Sports website at: http://fyi.uwex.edu/wi4hshooting_sports/
- Archers cannot leave the shooting range and must adjust their own equipment online without help. Equipment breakdown (See rules.)
- _____ I request physically challenged accommodations. Please define on the reverse side.
- I am entered on an archery team. Use the "Team Competition" registration form" to enter your team.
Team Name: _____
- **Indicate (NQ) for 4-H National Qualifying Opportunity on the class/time line.**

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.

- **4-H Certified County Air Rifle Leader or 4-H Youth Development Educator**

Signature _____ **Ph #** _____

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

Wildlife Habitat Competition: Friday night and Saturday to 1:30 PM. **Separate age classes: 8-9, 10, 11, 12, 13, 14, 15, 16, 17-19.**

Different tests will be used in various age divisions, content described on Team Competition Form. No fee required. Shooters are automatically entered. I'm entered on a wildlife team. Team Name _____

See the 4-H web site for more details on wildlife contest topics: http://fyi.uwex.edu/wi4hshooting_sports/

See the Wildlife WHEP Wisconsin 4-H web site for more details on wildlife contest topics: <http://fyi.uwex.edu/whepwi4h/>

Each PARTICIPANT receives only one Tournament T-Shirt. Adult sizes: Small _____ Medium _____ Large _____ X Large _____ XX L _____

REGISTRATION DEADLINE: Postmarked Saturday, March 12, 2016. Faxed entry forms must be received before midnight that day with payment and original registration received here by March 16th. **No late entries accepted.**

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. I release the Washington County Agriculture and Industrial Society & Washington County Fair Park, their employees, UW Extension employees, 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.

I have read and understand the tournament/contest rules regarding participation.

Signature: Parent/Guardian _____ Date _____ Participant's Signature _____

Total fees: _____ Check Number _____ Make checks payable to: U-W Extension, Washington County
 Mail to: Barb/Norb Yogerst, 2401 Western Avenue, Jackson, WI 53037 PH: 262-677-2379 FX: 262-677- 2194 EM: nbyogerst@gmail.com
Please return this form with payment. Keep a copy for your records. Copy as needed. TRI CO 2016/1010