

**Camper Registration Form**



F827

**4-H Target S.M.A.R.T. Shooting Sports Camp**

All payments should be made to the participant's county 4-H program. Return forms by \_\_\_\_\_

Name \_\_\_\_\_ Male  Female  Age \_\_\_\_\_ Grade \_\_\_\_\_  
*(Jan. 1 of Current Year)*

Address \_\_\_\_\_ County \_\_\_\_\_  
*Street City Zip*

Name of Parent/Guardian \_\_\_\_\_ Phone Number \_\_\_\_\_

Discipline: Indicate 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup> Choice (filled on first come, first served basis)

\_\_\_ Hunting      \_\_\_ Archery      \_\_\_ Muzzleloader      \_\_\_ Rifle/BB      \_\_\_ Shotgun (12 yrs. or older)

Please indicate skill level (check one):

Beginner                       Intermediate                       Advanced

Are you currently in a County 4-H Shooting Sports Program? \_\_\_\_\_ Yes      \_\_\_\_\_ No

T-shirt size \_\_\_\_\_ (S, M, L, XL, XXL, XXXL)

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