Camper Registration Form

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 1st, 2nd, 3rd, 4th 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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