

**Travis County 4-H Shooting Sports
March Madness 2015
Registration Form**

County _____

Club Name: _____

Coach**: _____ District: _____

Club Address*: _____

City: _____ Zip: _____ email: _____

Phone Number _____ Alt. Phone: _____

Total # of shooters _____ x \$40.00 each = _____

Total # Spectators (adults & children) _____

Please enter all spectators' names on the registration form.

Camping # Nights _____ x \$ _____ = _____

Check# _____

Total Due _____

The age classifications used for this event are as follows:

Age as of August 31, 2014

9 (or in 3 rd grade) to 10	Junior
11 - 13	Intermediate
14 - 19	Senior

I hereby certify that the listed individuals are current 4-H members in good standing, participating in the 4-H Shooting Sports or 4-H Field and Stream Projects in my county and that the ages are as listed on the county enrollment records.

Club Manager Signature: _____ Date: _____

Make checks payable to **Travis 4-H Shooting Sports Club** or **TC4HSS**

Email completed forms to managers@tc4hss.org

Mail a copy of completed forms along with payment to:

Travis 4-H Shooting Sports Club
Attn: March Madness Registrations
PO BOX 2741
Pflugerville, Texas 78691-2741

*This is the address that any unclaimed awards will be mailed to.

** This person MUST be present at March Madness

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County _____
 Coach Name _____
 Coach Cell # _____

Classification Codes: Junior - J Intermediate - N Senior - S Spectator (all ages) – Spec

Mark selections with an **O (Iron Sight)** or an **A (Any Sight)** where applicable.

Vol-if you would like to volunteer to help, please indicate in this column.

						Archery		Pistol Events						Rifle Events						
								Silhouette Events												
First Name	Last Name	Age Class	Vol?	REC	GENESIS	CMPD	AP	SBP	APS	HPS	.22 PS	.22 RS	ARS	PAR	SAR	LR	3P	MZR	Total Events	
Example		J,N,S, Spec		X	X	X	A	A	A	A	A	A	O	O	O	O	X			

You **MUST** list **EVERYONE** who will be joining us this day, shooters and non-shooters. We need a count of all in attendance.