



Bullmasters Shooting Sports Match
August 10, 2024
Registration Form



County/District _____ Coordinator Name: _____

Address: _____ Phone: _____ Email: _____

NAME	4-H Age (by 1/1/24)	Date of Birth (mm/dd/yy)	Trap \$20	Skeet \$20	Total Fees



Sub-Total = \$ _____

Total Fees Due = \$ _____

MAKE CHECKS PAYABLE TO: Bullmasters 4-H Shooting Sports

ENTRY FORMS ARE DUE BY AUGUST 2, 2024 TO:

Bullmasters 4-H Shooting Sports
PO Box 204
Holton, KS 66436

AND EMAIL TO:

bullmastersshootingsports@yahoo.com

QUESTIONS:

Lisa Cronkhite
Phone: 785-851-0498
Email: bullmastersshootingsports@yahoo.com

County Coordinator **and** Ext. Agent Signature _____

To verify all youth are bona fide 4-H members with an enrollment card on file in the Extension Office.

Instructor(s) Signature (for all disciplines competing in) _____

To verify all youth are currently enrolled in the respective discipline and have completed the basic course for that discipline.