



**4-H Shooting Sports
Member Information Sheet**



Name _____

Birthdate ____/____/____ Age ____ Gender male female

Height ____ft ____in Weight_____

Parent(s) Name(s) _____

Address _____
Street City State Zip Code

Home Phone _____ E-mail _____

Other Parent Contact Info. _____
(cell phone, work phone, etc.)

Do you have any previous shooting sports experience? ____ If so, please describe.

Do you own any of your own shooting sports equipment? If so, please list and describe. _____

Please indicate any of the following disciplines you would be interested in practicing.

____ Archery ____ Rifle ____ Shotgun

Additional parents and volunteers are needed to help serve as coaches for shooting sports. Please list the names of anyone (parents or others) who might be interested in becoming a certified coach. The next training session will be held this fall. Areas of certification include: Shotgun(12 and 20 gauge); Rifle (.22 cal. bolt action, air and BB); Pistol (air and .22 cal.); Muzzleloader (rifle and pistol); Archery (compound bare and recurve, bow hunter and target); and Hunter Challenge.

Name _____ Phone No. _____

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