

**Sub-Total = \$**\_\_\_\_\_



Total Fees Due= \$\_\_\_\_\_

## Wabaunsee Shooting Sports Match 2/15/2025 Registration Form

County/District	Coordinator Name:							
Address:		Email:						
		Date of Birth (mm/dd/yy) (Must be 9 before 1/1/2025)	BB		AR	AP	Total Fees	
NAME	4-H Age (before 1/1/2025)		1 <sup>st</sup> Yr	Over 1st Yr			\$15 per discipline	

## **MAKE CHECKS PAYABLE TO: (Wabaunsee 4-H Council)**

ENTRY	Y FO	<b>PRMS</b>	<b>AND</b>	<b>FEES</b>	ARE	DUE	$\mathbf{BY}$	Date
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**February 4, 2025** 

Wabaunsee County Extension Office MAIL TO:

PO Box 278

**QUESTIONS:** Brenda Schleif- 785-844-3086 or bschleif2002@gmail.com

Alma, KS 66401-0278

**Extension Agent Signature** 

Extension Agent Signature
To verify that 4-H members are enrolled and active on 4HOnline.

Coordinator and Instructor(s) Signature (for all disciplines competing in)

To verify all youth are currently enrolled in the respective discipline and have met your local units requirements to be eligible to participate in a competitive qualifier event.