Tennessee 4-H Wildlife Conference

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 ________________________

Will this delegate participate in shooting sports activities at Wildlife Conference? ☐ Yes ☐ No

Check the boxes describing your race and ethnicity. Information will be used solely for compliance with affirmative action programs.

Race ☐ Black ☐ White ☐ Pacific Islander ☐ Hispanic
☐ Asian ☐ American Indian ☐ Non Hispanic

UT Extension provides equal opportunities in programs and employment.