

F827

4-H Target S.M.A.R.T. Shooting Sports Camp

All payments should be made to the participant's county 4-l	H program. Return forms by		
Name		Male Female	Age Grade
			(Jan. 1 of Current Year)
Address		County_	
Street	City	Zip	
Name of Parent/Guardian	- 8 - 8	Phone Number	*
Please indicate skill level (check one): Beginner	Intermediate	Ad	vanced
T-shirt size (S, M, L, X	L, XXL, XXXL)		
Camper Registration Form		4-H YOUTH DEVE UPEX TE INSTITUTE OF A THE U	NSION SE
4-H Target S All payments should be made to the participant's county 4-	S.M.A.R.T. Shooting	100	F827
	rr program: rictum forms by		
Name		<u></u>	AgeGrade (Jan. 1 of Current Year)
		MaleFemale	(Jan. 1 of Current Year)
NameAddress		MaleFemale	
Address		MaleFemale County_ Zip	(Jan. 1 of Current Year)

T-shirt size _____ (S, M, L, XL, XXL, XXXL)