

**Travis County 4-H Shooting Sports
March Madness 2016
Registration Form**

County _____

Club Name: _____

Coach**: _____ District: _____

Club Address*: _____

City: _____ Zip: _____ email: _____

Phone Number _____ Alt. Phone: _____

Total # of shooters _____ x \$40.00 each = _____

Total # Spectators (adults & children) _____

Please enter all spectators' names on the registration form.

Camping # Nights _____ x \$ _____ = _____

Check# _____

Total Due _____

The age classifications used for this event are as follows:

Age as of August 31, 2015

9 (or in 3 rd grade) to 10	Junior
11 - 13	Intermediate
14 - 19	Senior

I hereby certify that the listed individuals are current 4-H members in good standing, participating in the 4-H Shooting Sports or 4-H Field and Stream Projects in my county and that the ages are as listed on the county enrollment records.

Club Manager Signature: _____ Date: _____

Make checks payable to **Travis 4-H Shooting Sports Club** or **TC4HSS**

Email completed forms to managers@tc4hss.org

Mail a copy of completed forms along with payment to:

Travis 4-H Shooting Sports Club
Attn: March Madness Registrations
PO BOX 2741
Pflugerville, Texas 78691-2741

*This is the address that any unclaimed awards will be mailed to.

** This person MUST be present at March Madness

