

# 4-H Shooting Sports Education

**NOTE:** This form does not replace the activity health or liability form. It is intended only for use by the discipline instructor.

## Member Information

**Name:**

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**Address:**

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**City/Town:**

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**Zip code:**

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**Phone number:**

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**Grade in School:**

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**Date of Birth:**

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**How many years have you been in 4-H?**

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**How many years have you been in Shooting Sports?**

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**What other 4-H projects are you currently taking?**

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**Club Name:** \_\_\_\_\_

## Instructor Information

Instructor name & phone  
number

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Instructor name & phone  
number

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Instructor name & phone  
number

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