



Shooting Sports Match
Date: August 8, 2026
Registration Form



County/District _____

Coordinator Name: _____

Address: _____

Phone: _____ Email: _____

NAME	4-H Age (Must be 10 before Jan. 1)	Date of Birth (mm/dd/yy)	Discipline	Total Fees \$15 per discipline per shooter

Total Fees Due = \$ _____

MAKE CHECKS PAYABLE TO: (Cherokee County 4-H Shooting Sports)

ENTRY FORMS AND FEES ARE DUE BY August 4, 2026

MAIL TO: PO 148 Columbus, KS 66725

QUESTIONS: Contact Bob Shanks 620-674-1675

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.