



Johnson County 4-H Shooting Sports Match
Feb. 9, 2025
AR-AP Registration Form



County/District _____

Coordinator Name: _____

Address: _____

Phone: _____ Email: _____

NAME	4-H Age (9 before 1/1/25)	Date of Birth (mm/dd/yy)		AIR RIFLE (Sunday)	AIR PISTOL (Sunday)	Special Requests	Total Fees \$15 per discipline per shooter

Sub Total = \$ _____

Total Fees Due = \$ _____

ENTRY FORMS AND FEES ARE DUE BY Noon, Jan. 26, 2025

MAIL TO: Lisa Castellon-Smith
 24195 W. 63rd St.
 Shawnee, KS 66226

MAKE CHECKS PAYABLE TO: Johnson County 4-H Rifle Club

QUESTIONS: Lisa Castellon-Smith
 Phone: 913-226-1196
lisa@custompublications.com

EMAIL REGISTRATIONS TO:

Ext. Agent Signature _____

To verify all youth are bona fide 4-H members with an enrollment card on file in the Extension Office.

Coordinator/Instructor(s) Signature (for all disciplines competing in) _____

To verify all youth are currently enrolled in the respective discipline and have completed the basic course for that discipline.