

RL/PT 4-H Straight Shooters Shotgun Match

August 23, 2026

Registration Form

KANSAS STATE
UNIVERSITY



County/District _____ Coordinator Name: _____

Address: _____ Phone: _____ Email: _____

NAME	4-H Age (by 1/1/26)	Date of Birth (mm/dd/yy)	Trap \$20	Skeet \$20	Total Fees

Sub-Total = \$ _____

Total Fees Due = \$ _____

MAKE CHECKS PAYABLE TO: 4-H Straight Shooters

EMAIL ENTRY FORMS ARE DUE BY August 14, 2026 TO:

sschanks@yahoo.com

QUESTIONS:

Susan Schanks

Phone: 785-313-7213

Email: sschanks@yahoo.com

County Coordinator **and** Ext. Agent Signature _____

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

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.