



**River Valley District 4-H Shotgun Trap Shoot
Saturday, August 9, 2025
Registration Form**



County/District _____

Coordinator Name: _____

Address: _____

Phone: _____

Email: _____

NAME	4-H Age (Must be 9 before Jan. 1)	Date of Birth (mm/dd/yy)	Discipline	Total Fees \$15.00 cost per discipline per shooter

Sub-Total = \$ _____

Number of Teams x \$10 = \$ _____

Total Fees Due = \$ _____

MAKE CHECKS PAYABLE TO: River Valley District 4-H Shooting Sports

TEAM REGISTRATION FORM Date

TEAM #1	TEAM #2	
1.	1.	
2.	2.	
ALT	ALT	
ALT	ALT	

ENTRY FORMS AND FEES ARE DUE BY Date July 25, 2025

MAIL ENTRY TO: Brianna Hake 811 Washington Suite E Concordia, KS 66901

QUESTIONS: Contact: Clayton Presley 512-967-1041

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.