



Bullmasters Shooting Sports Match
August 2, 2025
Registration Form



County/District _____ Coordinator Name: _____

Address: _____ Phone: _____ Email: _____

NAME	4-H Age (by 1/1/25)	Date of Birth (mm/dd/yy)	Recurve – Bare Bow	Recurve - Olympic	Compound Bow Hunter	Compound OPEN	Total Fees \$15, 1 bow, \$5 additional



Sub-Total = \$ _____

Total Fees Due = \$ _____

MAKE CHECKS PAYABLE TO: Bullmasters 4-H Shooting Sports

ENTRY FORMS ARE DUE BY JULY 21, 2025 TO:

Bullmasters 4-H Shooting Sports
PO Box 204
Holton, KS 66436

OR EMAIL TO:

bullmastersshootingsports@yahoo.com

QUESTIONS:

Lisa Cronkhite
Phone: 785-851-0498
Email: bullmastersshootingsports@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.