



Central Kansas District Shooting Sports Match
August 24, 2025
Registration Form



County/District _____ Coordinator Name: _____
Address: _____ Phone: _____ Email: _____

NAME	Birthdate	4-H Age (before 1/1/2025)	Shotgun Trap	Total Fees \$20 cost per shooter

Sub-Total = \$ _____

Total Fees Due = \$ _____

MAKE CHECKS PAYABLE TO: (Central Kansas District Shooting Sports)

ENTRY FORMS DUE BY: August 22, 2025

EMAIL TO: eric.klein85@yahoo.com - Preferred

Or MAIL TO: Central Kansas District
Attn. Central Kansas District Shooting Sports
2218 Scanlan Ave
Salina, KS 67401

*** Please email or text before mailing to Eric Klein

QUESTIONS: Eric Klein 785-392-0368

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.