



Bullmasters Shooting Sports Match
March 7, 2026
Registration Form



County/District _____ Coordinator Name: _____

Address: _____ Phone: _____ Email: _____

NAME	4-H Age (by 1/1/26)	Date of Birth (mm/dd/yy)	BB Gun**	AIR RIFLE**	AIR PISTOL **	Total Fees \$15 per discipline per shooter

Sub-Total = \$ _____

Total Fees Due = \$ _____

****Indicate 1st & 2nd choice**



MAKE CHECKS PAYABLE TO: Jackson County 4-H Council

ENTRY FORMS AND FEES ARE DUE BY FEBRUARY 22, 2026 TO:

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

QUESTIONS:

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

County Coordinator and Ext. Agent Signature _____
To verify that 4-H members are enrolled and active on 4HOnline.

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.

Special Requests: _____

