

WISCONSIN 4-H WHEP STATE CONTEST

INTERMEIDATE FORM

Registration Form

Send to: Barb Chase, 431 Lowell Hall, 610 Langdon St, Madison WI 53703

Due Date: Postmarked by March 30, 2007

County: _____

Coach(s) _____

Volunteers: _____

| TEAM 1 | | | | | | | | |
|--|------|----------------------------------|-----|--------------------------|------|-----|-----------|--------|
| | Name | Address (Street, City, Zip Code) | Age | Date of Birth (MM/DD/YY) | Race | Sex | Card No * | County |
| 1 | | | | | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
| 4 | | | | | | | | |
| TEAM 2 | | | | | | | | |
| | Name | Address (Street, City, Zip Code) | Age | Date of Birth (MM/DD/YY) | Race | Sex | Card No * | County |
| 1 | | | | | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
| 4 | | | | | | | | |
| TEAM 3 | | | | | | | | |
| | Name | Address (Street, City, Zip Code) | Age | Date of Birth (MM/DD/YY) | Race | Sex | Card No * | County |
| 1 | | | | | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
| 4 | | | | | | | | |
| Contestants Registering as Individuals (Not on a team) | | | | | | | | |
| | Name | Address (Street, City, Zip Code) | Age | Date of Birth (MM/DD/YY) | Race | Sex | Card No * | County |
| 1 | | | | | | | | |
| 2 | | | | | | | | |

If more space is needed, please duplicate. This form must be completely filled out with accurate information.

*Card Number will be assigned at State Contest