

**2007 Wisconsin Wildlife Habitat Evaluation Contest  
Fee Registration Form  
Entry Deadline: Post marked by March 30, 2007**

**This form is used to complete registration of individuals or teams for the Wildlife Habitat Evaluation Contest and must accompany the individual forms and group registration forms as indicated below.**

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<b>Coach's Name</b>	<b>County</b>	<b>Team Name</b>
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**Coach's Address (Include Street, City, Zip)**

\_\_\_\_\_(\_\_\_\_\_)\_\_\_\_\_

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<b>Phone Number</b>	<b>E-Mail Address</b>
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Fees Included:

\_\_\_\_\_ Youth Contestants @ \$3.00 each (includes lunch) Subtotal \_\_\_\_\_

\_\_\_\_\_ Coaches, volunteers, and any others @ \$3.00 each (includes lunch) Subtotal \_\_\_\_\_

T-Shirt Order (Include total numbers for youth and adults ordering t-shirts)

\_\_\_ Small \_\_\_ Medium \_\_\_ Large \_\_\_ X Large \_\_\_ XX Large \_\_\_ XXX Large

\_\_\_\_\_ Total Number of T-Shirts Ordered X \$5.00 each Subtotal \_\_\_\_\_

TOTAL REGISTRATION FEES \_\_\_\_\_

Are you available to assist with this event? \_\_\_ Yes \_\_\_ No

Is there a parent or volunteer that can assist? \_\_\_ Yes \_\_\_ No

Name of volunteer: \_\_\_\_\_

**Parents or chaperones must remain available to transport their youth to the rural site. Transportation is not provided by contest officials.**

**Checks should be made payable to: UW-Extension**

**RETURN FORMS AND FEES TO: Barb Chase, 431 Lowell Hall, 610 Langdon Street, Madison, WI 53703**

**Include the following items with mailed registration:**

- 1. Team Registration Form(s) (JUNIOR, INTERMEDIATE, SENIOR)**
- 2. Fee Registration Form With Payment**

**Bring the following items to the April 21, 2007 Contest:**

- 1. Signed Youth Health Forms**
- 2. Signed Adult Health Forms**
- 3. Signed Youth Expectation Forms**
- 4. Signed Adult Expectation Forms**

WISCONSIN 4-H WHEP STATE CONTEST

**JUNIOR 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**