

**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.

Coach's Name	County	Team Name
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Coach's Address (Include Street, City, Zip)

()	
Phone Number	E-Mail Address

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**

(form may be duplicated)

WISCONSIN 4-H WHEP STATE CONTEST

SENIOR 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