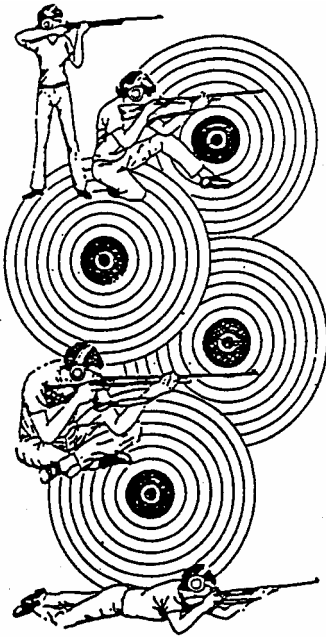


NRA 3 POSITION JUNIOR AIR RIFLE SECTIONAL SPONSORED BY CHIPPEWA COUNTY 4-H SHOOTING SPORTS



Chippewa County 4-H Shooting Sports is sponsoring an NRA 3-Position Indoor Junior Air Rifle Sectional on **April 16th and 17th, 2004**. It will be held at the **Chippewa Falls Armory**.

The NRA Junior Sectionals are held all across the country using the same exacting NRA rules. When all the sectionals are completed, the results are sent in to the NRA, and a "*National Championships Results Bulletin*" is published. This allows participants to see how they compared to all the best air rifle shooters in the nation.

Because of the nature of 4-H, which is formed around youth, not sports, 4-H Shooting Sports is at entry and intermediate level shooting. This tournament is a chance for 4-H shooters, who are "into" shooting sports, to move up and compare themselves to the best.

There is a \$14.00 per shooter registration fee. Also, NRA AFFILIATION IS REQUIRED: the shooter must be an NRA Junior Member, **OR** your entire county program can be enrolled as an NRA Junior Club the day of the shoot for \$15.00 (call Joe and ask). **Your group can also register as a team for team sectional awards and for National Team placings.** This can be done the day of the shoot. Call Joe for more information.

LOCATION: At the National Guard Armory in Chippewa Falls, WI – One mile east of Chippewa Falls, WI on Hwy 29 to Seymour Cray Blvd (at the first stop light). Follow Cray Blvd to the first stoplight. Turn Right on County Hwy J (Park Ave). Go one half mile east to the Armory (on the right side of the road).

AWARDS: The NRA will again provide gold, silver, and bronze medallions for the top overall finishers. The NRA will also provide medals for place finishers in each of the three age categories. The number of medals given out in each category depends on the number of shooters in that age category. The Chippewa County 4-H Shooting Sports Committee will again be giving awards to first through sixth place in the sporter class, for each of the three shooting positions in each of the three age categories.

EQUIPMENT: All equipment will be checked to meet official NRA rules and regulations.

Return the attached registration form by April 1st, 2004. For more information, call Joe Tiry at (715) 644-2538 (9:00-10:00 p.m.) **OR** E-mail: jtiry@centurytel.net. Lunch will be available on Saturday.

NRA 3 POSITION JUNIOR AIR RIFLE SECTIONAL
Sponsored by Chippewa County 4-H Shooting Sports
REGISTRATION AND PERMISSION STATEMENT
April 16 & 17, 2004

Name of Shooter _____ E-mail address _____

Address _____ City, State, Zip _____

County/Shooting Club _____ Date of Birth _____ Telephone _____

Please mark first and second choice for shooting time (preference will be given according to travel time).

CONFIRMATION OF SHOOTING TIME WILL BE HANDLED BY E-MAIL WHEN POSSIBLE.

Friday: _____ 8:00 p.m. Saturday: _____ 11:00 a.m. _____ 1:00 p.m.

(Shooters should be at the site 45 minutes prior to shooting time.)

Shooting Class: Shooters may shoot in both classes, but need to register on two separate forms.

Check one: _____ Sporter Class _____ Precision Class

Age Group: NRA age designation. Check one:

- _____ Sub-Junior – born in 1990 or later
_____ Intermediate Junior – born in 1987, 1988 or 1989
_____ Juniors – born in 1984, 1985, 1986

Check one:

- _____ Shooter is an NRA member (BRING your NRA ID number)
_____ Shooter belongs to an NRA Club (BRING the Club's NRA ID number)
_____ Shooter will apply for membership at the shoot
_____ My County/Shooting Club will apply as an NRA Club at the shoot (one member must be an NRA member and BRING their ID number)

I hereby give permission for my child to be involved in the 2004 NRA 3 Position Air Rifle Sectional. I understand that my child will be shooting air rifles at a rifle range using NRA rules.

I release the University of Wisconsin-Extension, its employees and volunteer 4-H leader(s) from any financial responsibility for sickness or accident to my child while in transit to or from, and in attendance at this Shooting Sports event. I hereby authorize the event's responsible person to incur expense considered necessary to insure prompt attention in case of serious sickness/accident. I agree to pay for necessary expenses incurred, if this is not covered by an accident/sickness insurance policy.

I understand that I must provide adequate eye protection for my child with safety glasses. I also understand that all NRA range and safety rules will be followed.

Additionally, I hereby give consent to the officer in charge to use reasonable disciplinary action with my child while at the shoot, if needed. This can include disqualification or removal from the grounds.

Signature of Parent/Guardian

Signature of Shooter

Date

RETURN BY APRIL 1ST with a \$14 check payable to: CHIPPEWA COUNTY 4-H SHOOTING SPORTS

MAIL TO: Joe Tiry
34111 County Hwy O
Stanley WI 54768