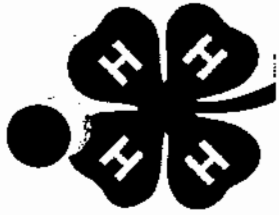




# 4-H Shooting Sports Instructor's Record Form

Must be received in State 4-H office by December 1, \_\_\_\_\_  
Mail to: 4-H Shooting Sports  
Alabama Cooperative Extension System  
215 Duncan Hall  
Auburn University, AL 36849-5620



County \_\_\_\_\_ Name \_\_\_\_\_ Date/Year Certified or Recertified \_\_\_\_\_

Address \_\_\_\_\_ Discipline \_\_\_\_\_ Date Course Taught \_\_\_\_\_

Youth Participation: Please indicate the number of youth & hours involved in 4-H Shooting Sports programs you instructed

Shooting Discipline	# Youth	# Hours	# Youth	# Hours	# Youth	# Hours	# Youth	# Hours	# Youth	# Hours
Archery										
Muzzledloading										
Pistol										
Rifle										
Shotgun										

List other 4-H instructors who receive credit for teaching in this program:

Name	Address	A	Teen Leader	Discipline	# Hours	Date/Year Certified

Instructor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Ext. Agent's Signature \_\_\_\_\_ Date \_\_\_\_\_

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Please note on other side any information about 4-H Shooting programs that you wish to share with the State 4-H Shooting Sports Committee and with other instructors throughout the State: EX: Family Fun Shoots, Camps, New teaching ideas, parent involvement, recruiting youth, etc.