



Bullmasters Shooting Sports Match
August 15, 2026

KANSAS STATE
UNIVERSITY



Registration Form

County/District: _____ Coordinator's Name: _____

Address: _____ Phone: _____

Email: _____

NAME	4-H Age (by 1/1/26)	Date of Birth (mm/dd/yy)	Muzzleloading	Fees Due (\$15)

Sub-Total = \$ _____

Total Fees Due = \$ _____

MAKE CHECKS PAYABLE TO: JACKSON COUNTY 4-H COUNCIL

EMAIL ENTRY FORMS BY AUGUST 10, 2026 TO: BULLMASTERSSHOOTINGSPORTS@YAHOO.COM

QUESTIONS:

LISA CRONKHITE

PHONE: 785-851-0498

EMAIL: BULLMASTERSSHOOTINGSPORTS@YAHOO.COM

County Coordinator and Extension Agent Signature

_____ To verify all youth are bona fide 4-H members with an enrollment on file in the Extension Office.

Instructor's Signature

_____ To verify all youth are currently enrolled in the respective discipline and have completed the basic course for that discipline and are safe to compete.