

National 4-H Shooting Sports Teen Leadership Institute Application

Name:					
Address:					
City:		State:		Zip:	
Youth Email Address:	:				
Parent Email Address	s:				
Youth Cell Number: _					
Parent Cell/Home Pho	one:				
Date of Birth:		Age (on Jan.	1 of current Y	ear):	
Years in 4-H:	Grade in Schoo	ol: G	Grade Point Av	erage (G	SPA):
Years in 4-H Shooting	g Sports:				
Check the following 4	-H Shooting Spor	rts disciplines	you have parti	cipated i	n:
Archery		_ Hunting Skil	ls		Muzzleloading
Pistol		_ Rifle			Shotgun
Western Herita	age				
The following informa Check either <i>Ladies</i> o <i>Shirt Size</i>		•	•	•	
Ladies: N	/len:	Polo	Shirt Size:		
Preferred Name for N	ame Badge:				

You also need to submit a resume that includes school, 4-H, community memberships, activities and awards with the application.



National 4-H Shooting Sports Teen Leadership Institute Certification Form

I will be active in my club and county 4-H program, as well as maintain an acceptable academic standard in school during my service as a 4-H Shooting Sports Ambassador. Further, I am willing to conduct myself to the highest standards expected of an ambassador.

Applicant's Signature	
	Date
We understand that our 4-H'er wishes to serve as a 4-H Shooting them in fulfilling the responsibilities should they be selected (only	•
Parent/Guardian Signature	
	Date
Parent/Guardian Signature	
	Date
We certify that the above named 4-H'er is enrolled, active and in g sports club and county 4-H program. We support their application Sports Ambassador.	•
4-H Club Leader Signature	Date
Extension Agent Signature	 Date
	Dato
State 4-H Shooting Sports Coordinator Signature	
	Date