

2024 National 4-H Shooting Sports Teen Leadership Institute Application Form

Name:		
Preferred First Name (will be	e on name badge):	
Address:		
City:	State:	Zip:
Youth Email Address:		
Parent Email Address:		
Youth Cell Phone Number: _	Home Phon	e Number
4-H Club:		
Date of Birth:	Age (as of Jan. 1 of	current Year):
Years in 4-H:Grad	de in School: Grade Po	oint Average (GPA):
Years in 4-H Shooting Sport	s:	
Check the following 4-H Sho	ooting Sports disciplines you hav	re participated in:
Archery	Hunting Skills	Muzzleloading
Pistol	Rifle	Shotgun
Western Heritage		
The following information is	to ensure that any clothing orde	red for you will fit properly.
Ladies:	Men:	Polo Shirt Size:



2024 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 in the highest standards expected of an ambassador.

Applicant's Signature	
	Date
We (I) understand that our (my) son/daughter wishes to serve as a 4 Ambassador. We (I) will support him/her in fulfilling the responsibilities	.
Parent/Guardian Signature	
	Date
Parent/Guardian Signature	
	Date
We certify that the above named 4-H'er is enrolled, active and in good sports club and county 4-H program. We support his/her application Shooting Sports Ambassador.	•
4-H Club Leader Signature	Date
Extension Agent Signature	Date
State 4-H Shooting Sports Coordinator Signature	