



Wabaunsee County 4-H Shooting Sports Record

Year _____

Name _____ Age (Jan 1) _____ Yrs in Project _____

County _____ Club _____

Disciplines/Phases Enrolled In _____

Project Goals:

What new techniques did you learn?

What shooting positions were the hardest for you?

What rules of firearms and range safety did you learn this year?

What did you enjoy most about this project this year?

Learning Activities in this Project (indicate number of times participated)

Type of Activity	L = Local	C = County	D = District	S = State
Field Trip/Tour				
Talks/Demonstrations				
Project Meetings Attended				
Total Number of Exhibits				

List any **Leadership** you provided during this year. List what you did, when and with whom.

Shooting Sports Project Story:

Member Signature

Leader or Parent Signature

Kansas State University Agricultural Experiment Station and Cooperative Extension Service



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