

4-H Shooting Sports Education, Instructor Workshop

Training provided by the Indiana Hunter Education Program

March 25 - 27, 2011

Ross Camp in Tippecanoe County

September 9 - 11, 2011

Ross Camp in Tippecanoe County

First Name: _____

Last Name: _____

Address: _____ DOB ___/___/___

City: _____ Zip Code: _____ Male/Female: _____

Home Telephone: _____ Cell: _____ E-Mail _____

Extension Educator: _____ County: _____

(Note: \$20.00 late fee required for registrations or payments received after the deadline)

Can we share your name and address with workshop participants? Yes _____ No _____

Discipline (Note: all classes are subject to cancellation if minimums are not met.)

(Check one discipline per participants)

_____ Archery

_____ Pistol

_____ Coordinator

_____ Rifle

_____ Outdoor Pursuits

_____ Shotgun

_____ Muzzleloading

Participants Status (Check one)

Optional: Additional information regarding National Archery in the Schools Program Certifications will be available at workshop. NRA certification is "No" longer available.

Note: fees are subject to change after the Fall 2010 Workshop

New _____ Cost is \$125.00, attend Friday night through Sunday afternoon.

Returning _____ Option 1: Cost is \$115.00 attend Sat. at 8 a.m. through Sunday afternoon

_____ Option 2: Cost is \$125.00, attend program Sat. 8 a.m. through Sunday afternoon, plus stay Friday night with Saturday breakfast included (welcome to attend the Friday night program, if desired).

Health Form Enclosed: Yes _____ No _____ (If 'no' **MUST** bring to the Workshop)

Notes:

- Checks should be made payable to **IHEA Training**.
- Full payment must accompany this registration (No reservations without payment.)
- Refund policy is as follows: Full refund until the workshop deadline; one-half the amount from the deadline to 3 full days before the workshop begins; no refunds after that time.
- Duplicate this form as needed.
- There will be a \$20.00 late fee assessed for registrations and/or payments received after the due date.
- A minimum number of participants is required in each discipline or the class will be canceled.

Send Registration and payments to:

**Tim Beck
I.D.N.R Law Enforcement
P.O. Box 917
Jasper, IN 47547**

Phone: (812) 482-3093

Cell: (317) 694-7531

Fax: (812) 482-3093

E-mail: tbeck@dnr.in.gov

Office Use Only:

Health Form: _____

Postmarked: _____

Paid by: _____

Posted: _____

Check # _____ Date: _____ Amount Rec'd: \$ _____

Deposited: _____

Rec'd By _____