



Please list/explain any allergies, dietary restrictions:

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**Deadline to register is Friday, March 2<sup>nd</sup>.**

**Registration is not complete until fees have been received.**

**MAKE CHECKS PAYABLE TO: McCracken County 4-H Leaders Council.** Write *Shooting Sports Registration* on the memo line. Please return this form and check to:

Robert Tashjian  
McCracken County Cooperative Extension Service  
2025 New Holt Road  
Paducah, KY 42001

**Cancellation Policy:** For cancellations not made prior to the week of the workshop or for any no shows, the registration fees will not be refunded. ***Classes are scheduled on a first registered, first paid basis.***

**Late Registrations will not accepted.**

**4-H Agent must sign off on the screening process below.**

|   |                          |
|---|--------------------------|
| The entire screening process was completed for _____. |                          |
| (NAME OF VOLUNTEER)                                   |                          |
| Date of Background check: _____                       | Date of interview: _____ |
| Confirmed by: _____                                   | _____                    |
| County Extension Service Agent Signature              | Print Name               |