

**2011 KIMBLE COUNTY 4-H SHOOTING SPORTS CLUB  
Data Form**

4-Hers Name \_\_\_\_\_  
Age \_\_\_\_\_  
Years in 4-H \_\_\_\_\_  
Birth Date \_\_\_\_\_ Grade \_\_\_\_\_  
Sex \_\_\_\_\_  
Parent or Guardian \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
E-Mail \_\_\_\_\_

**In case of Emergency:**

**First Contact**

**Name:** \_\_\_\_\_ **Ph. Number:** \_\_\_\_\_  
**Relationship:** \_\_\_\_\_

**Second Contact**

**Name:** \_\_\_\_\_ **Ph. Number:** \_\_\_\_\_  
**Relationship:** \_\_\_\_\_