

Toole County Shooting Sports Archery



Your Shooting
Sports Photo
Goes Here!

Name:

Age as of October 1:

Birthdate (Month/Day/Year):

4-H Club:

Year in Shooting Sports:

Shooting Sports Leader:

Type of Equipment:

Date Record Started:

Date Record Completed:

To the best of my knowledge, this record is complete for the 4-H year.

Signed by Member:

Signed by Shooting Sports Leader:

GOALS – What you want to do this year

Write your **goals** for this shooting sports discipline this year in the first column and tell **how** and if you completed those goals in the second column **OR** you did not reach your goal, explain **why**.

SAFETY GOAL: _____

ACCOMPLISHMENT: _____

MARKSMANSHIP GOAL: _____

ACCOMPLISHMENT: _____

CARE, & MAINTENANCE GOAL: _____

ACCOMPLISHMENT: _____

OTHER GOAL(S): _____

ACCOMPLISHMENT(S): _____

Member Signature and Date Below Goals Were Set

Member Signature and Date Completed

MARKSMANSHIP RECORD

Date & Time	Location	Equipment	Training OR Competition
			Total Score
What I Learned:			
Problems to Fix:			
What I Did Well:			

Date & Time	Location	Equipment	Training OR Competition
			Total Score
What I Learned:			
Problems to Fix:			
What I Did Well:			

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