



STATE 4-H WHEP CONTEST PRE-REGISTRATION FORM



Location _____

Date _____

Event _____

County _____

SR – Senior JR - Junior	LIST MEMBERS BY TEAM (If three or four names are not listed, they will be entered as individuals)	AGE (as of Jan. 1, 2009)
	1.	
	2.	
	3.	
	4.	
	1.	
	2.	
	3.	
	4.	
	1.	
	2.	
	3.	
	4.	
	1.	
	2.	
	3.	
	4.	

4-H WHEP Coach Name

4-H WHEP Coach Signature

Phone number _____

e-mail address: _____

Mailing Address

Extension Educator's Signature

Date