

# California 4-H Shooting Sports TRAINING REPORT

Circle type of class – Project Leader / Trainer / Instructor

Specify Discipline - \_\_\_\_\_

(Rifle, Pistol, Shotgun, etc.)

Date - \_\_\_\_\_ Location - \_\_\_\_\_

Number of Participants - \_\_\_\_\_ Hours of Instruction - \_\_\_\_\_

Instructor Name - \_\_\_\_\_

## Participant Information

\_\_\_\_\_  
Name Address City State Zip

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County Phone # E-mail

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Name Address City State Zip

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County Phone # E-mail

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