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Virginia 4-H Instructor Shooting Education Instructor Certification Request to Host a State Workshop

Requestor: _____ Unit/Office: _____

Phone: _____ E-mail: _____

Training Location Address: _____

Discipline(s) being offered: _____

Who will instruct the 4-hour General Session? _____

Maximum # of Participants: _____ Cost per participant: _____

Applications mailed to? _____ Checks payable to: _____

Describe classroom facilities: _____

Describe range facilities: _____

Will local 4-H be available to participate in the practicum (ratio of 1 youth for every 2 participants)?

YES _____ NO _____



Please attach a proposed schedule for the training. Allow 4 hours for the General Session and 14 hours for the Discipline Session, including the practicum. E-mail the Request to Host Form and schedule to: Lynn Wheeless lynnwheeless1@vt.edu at least 1 month prior to certification.

(STATE COORDINATOR USE ONLY)

Approved by _____ Date _____

Lynn Wheeless, Coordinator VA 4-H Shooting Education Program

State 4-H Shooting Education Team Member(s) Assigned:

Name _____ Discipline _____

Name _____ Discipline _____