



## University of Vermont Extension 4-H Shooting Sports Project Record

Name: \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_ County: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Club Name: \_\_\_\_\_

Leader(s) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

4-H Educator: \_\_\_\_\_ Phone: \_\_\_\_\_

This record contains project information on the following:

- |                                     |   |   |
|-------------------------------------|---|---|
| <input type="checkbox"/> Air Pistol | <input type="checkbox"/> Hunting & Wildlife | <input type="checkbox"/> Living History   |
| <input type="checkbox"/> Air Rifle  | <input type="checkbox"/> Muzzleloading      | <input type="checkbox"/> Shotgun          |
| <input type="checkbox"/> Archery    | <input type="checkbox"/> Small Bore Pistol  | <input type="checkbox"/> Small Bore Rifle |

My goals are:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Date Record Started \_\_\_\_\_ Date Record Completed \_\_\_\_\_



## 4-H Shooter's Code of Ethics

As a participant in the 4-H Shooting Sports Education Program:



**I will respect all participants, volunteers, and property associated with the 4-H Shooting Sports Education Program.**



**I will set a good example and help newer participants in the 4-H Shooting Sports Education Program.**



**I will obey all the range and club rules at ALL times.**



**I will wear all required safety equipment whenever required.**



**I will always strive "To Make the Best Better."**

---

**Shooter's Signature**

**Date**

## **Why Keep A Shooting Sports Record?**

- You will be able to set and record attainable goals for yourself.
- Keeping records will help you remember the fun you had.
- Record keeping is a great way to develop your skills and organize your time.
- The information in your record will give you a chance to look back on your year and help you decide what you want to change for next year.
- Your record will be a way to share your project with others.

## **Shooting Sports Record Book Instructions**

- Keep your record book up to date. (It makes record keeping easier.)
- Read through this record book – before you start recording information – to become familiar with the layout of the book.
- Discuss this record book with your parent (s) and your leader (s).
- If you have questions, ask for help from other members, your parent (s), leader (s), or 4-H staff.
- If you do not have any information for a section, indicate so by “N/A” (not applicable).
- Be creative, make the record book interesting and add your own personal touch.

## 4-H Shooting Sports Objectives

- To encourage participation in natural resources management and related natural science programs by exposing participants to the content through shooting, hunting and related activities.
- To enhance development of self-concept, character, and personal growth through safe, educational, and socially acceptable involvement in shooting activity.
- To teach safe and responsible use of firearms and archery equipment including sound decision making, self-discipline and concentration.
- To promote the highest standards of safety, sportsmanship and ethical behavior.
- To expose participants to the broad array of vocational and life-long vocational activities related to shooting sports.
- To strengthen families through participation in life-long recreational activities.
- To compliment and enhance the impact of existing safety, shooter, and hunter education programs using experiential educational methods and progressive development of skills and abilities.
- To develop integrity, sportsmanship, cooperation, decision-making ability, and public speaking skills through participation in visual presentations, tours, shooting competitions, community service and exhibits.



- 4-H Motto:** To Make the Best Better
- 4-H Slogan:** Learning By Doing
- 4-H Colors:** Green and White
- 4-H Pledge:** I pledge my head to clearer thinking,  
My heart to greater loyalty,  
My hands to larger service,  
And my health to better living,  
For my Club, my Community,  
My Country and my World.

# Air Pistol

## Equipment & Safety Knowledge

The appropriate boxes must be dated & initialed by a certified 4-H Pistol Instructor.

Name of Member \_\_\_\_\_ 4-H Yr. \_\_\_\_\_

**Demonstrates knowledge of pistol safety, including safety considerations pertaining to:**

	Never	Sometimes	Almost Always	Always
• Three rules of gun safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Zone of fire & direction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Eye & ear protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Equipment handling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Use of proper ammunition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Range Operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Demonstrations knowledge of pistol equipment, including:**

	Instructor's Int.	Date
• Pistol Types	_____	_____
• Parts of the Pistol	_____	_____
• Ammunition (types, components, function)	_____	_____
• Pistol Operation	_____	_____
• Targets & target identification	_____	_____

**Demonstrates knowledge of proper pistol shooting form, including:**

	Instructor's Int.	Date
• Eye dominance	_____	_____
• Stance 1 handed	_____	_____
• Stance 2 handed	_____	_____
• Sight alignment/sight picture	_____	_____
• Trigger control	_____	_____
• Follow through	_____	_____



# Air Rifle Equipment & Safety Knowledge

The appropriate boxes must be dated & initialed by a certified 4-H Rifle Instructor.

Name of Member \_\_\_\_\_ 4-H Yr. \_\_\_\_\_

**Demonstrates knowledge of rifle safety, including safety considerations pertaining to:**

	Never	Sometimes	Almost Always	Always
• Three rules of gun safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Zone of fire & direction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Eye & ear protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Equipment handling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Use of proper ammunition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Range Operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Demonstrations knowledge of rifle equipment, including:**

	Instructor's Int.	Date
• Rifle Types	_____	_____
• Parts of the rifle	_____	_____
• Ammunition (types, components, function)	_____	_____
• Rifle Operation	_____	_____
• Targets & target identification	_____	_____

**Demonstrates knowledge of proper rifle shooting form, including:**

	Instructor's Int.	Date
• Eye dominance	_____	_____
• Bench Position	_____	_____
• Prone Position	_____	_____
• Sitting Position	_____	_____
• Kneeling Position	_____	_____
• Standing Position	_____	_____
• Use of Sling	_____	_____
• Sight alignment/sight picture	_____	_____
• Trigger control	_____	_____
• Follow through	_____	_____





# Archery

## Equipment & Safety Knowledge

The appropriate boxes must be dated & initialed by a certified 4-H Archery Instructor.

Name of Member \_\_\_\_\_ 4-H Yr. \_\_\_\_\_

**Demonstrates knowledge of archery safety, including safety considerations pertaining to:**

	Never	Sometimes	Almost Always	Always
• Zone of fire & direction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Wearing Safety Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Equipment handling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Arrow retrieval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Range Operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Demonstrations knowledge of pistol equipment, including:**

	Instructor's Int.	Date
• Bow types & materials	_____	_____
• Parts of bows & arrows	_____	_____
• Arrow shaft materials	_____	_____
• Arrow points & fletching	_____	_____
• Quivers	_____	_____
• Finger Tabs, gloves, arm guards, safety glasses	_____	_____
• Targets & target identification	_____	_____

**Demonstrates proper archery shooting form including**

- Eye Dominance
- Stance & posture
- Bow-hand grip
- Nocking the arrow
- Setting the hook
- Pre-draw
- Draw
- Anchor
- Aim
- Release
- Follow through

\_\_\_\_\_  
 Instructor's Int.                      Date

# Archery Shooting Record

1<sup>st</sup> year – 5 rounds

2<sup>nd</sup> & 3<sup>rd</sup> year – 10 rounds

After 3<sup>rd</sup> year – 15 rounds

	Verifier	Date	Round	Score
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

Weight of draw (usual bow used) \_\_\_\_\_ Length of Draw \_\_\_\_\_

Length of arrow \_\_\_\_\_

# Muzzleloader Equipment & Safety Knowledge

The appropriate boxes must be dated & initialed by a certified 4-H Muzzleloader Instructor.

Name of Member \_\_\_\_\_ 4-H Yr. \_\_\_\_\_

**Demonstrates knowledge of muzzleloader safety, including safety considerations pertaining to:**

	Never	Sometimes	Almost Always	Always
• Three rules of gun safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Zone of fire & direction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Eye & ear protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Equipment handling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Loading & firing procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Range Operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Demonstrations knowledge of muzzleloader equipment, including:**

	Instructor's Int.	Date
• Basic types of muzzleloaders	_____	_____
• Parts of the muzzleloader	_____	_____
• Propellant materials	_____	_____
• Projectiles	_____	_____
• Muzzleloading accessories	_____	_____
• Targets & target identification	_____	_____

**Demonstrates proper steps in loading and firing a muzzleloader.**

\_\_\_\_\_  
Instructor's Int.      Date

**Demonstrates proper procedure for cleaning and storing a muzzleloader.**

\_\_\_\_\_  
Instructor's Int.      Date



# Small Bore Pistol Equipment & Safety Knowledge

The appropriate boxes must be dated & initialed by a certified 4-H Small Bore Pistol Instructor.

Name of Member \_\_\_\_\_ 4-H Yr. \_\_\_\_\_

**Demonstrates knowledge of pistol safety, including safety considerations pertaining to:**

	Never	Sometimes	Almost Always	Always
• Three rules of gun safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Zone of fire & direction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Eye & ear protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Equipment handling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Use of proper ammunition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Range Operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Demonstrations knowledge of pistol equipment, including:**

	Instructor's Int.	Date
• Pistol Types	_____	_____
• Parts of the Pistol	_____	_____
• Ammunition (types, components, function)	_____	_____
• Pistol Operation	_____	_____
• Targets & target identification	_____	_____

**Demonstrates knowledge of proper pistol shooting form, including:**

	Instructor's Int.	Date
• Eye dominance	_____	_____
• Stance 1 handed	_____	_____
• Stance 2 handed	_____	_____
• Sight alignment/sight picture	_____	_____
• Trigger control	_____	_____
• Follow through	_____	_____



# Shotgun Equipment & Safety Knowledge

The appropriate boxes must be dated & initialed by a certified 4-H shotgun Instructor.

Name of Member \_\_\_\_\_ 4-H Yr. \_\_\_\_\_

**Demonstrates knowledge of shotgun safety, including safety considerations pertaining to:**

	Never	Sometimes	Almost Always	Always
• Three rules of gun safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Zone of fire & direction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Eye & ear protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Equipment handling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Use of proper ammunition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Safety on the range	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Safety in the field	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Range Operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Demonstrations knowledge of shotgun equipment, including:**

	Instructor's Int.	Date
• Parts of the shotgun	_____	_____
• Ammunition	_____	_____
• Bore sizes	_____	_____
• Choke	_____	_____
• Action types	_____	_____
• Targets & target identification	_____	_____

**Demonstrates knowledge of proper shotgun shooting fundamentals, including:**

	Instructor's Int.	Date
• Eye dominance	_____	_____
• Stance	_____	_____
• Gun ready position	_____	_____
• Mounting the shotgun	_____	_____
• Swing to the target	_____	_____
• Trigger pull	_____	_____
• Follow through	_____	_____
• Sight alignment/sight picture	_____	_____
• Trigger control	_____	_____
• Follow through	_____	_____

**Demonstrates ability to properly care for shotgun equipment, including:**

	Instructor's Int.	Date
• Cleaning	_____	_____
• Storage	_____	_____
• Transportation	_____	_____





# Small Bore Rifle Equipment & Safety Knowledge

The appropriate boxes must be dated & initialed by a certified 4-H Rifle Instructor.

Name of Member \_\_\_\_\_ 4-H Yr. \_\_\_\_\_

**Demonstrates knowledge of rifle safety, including safety considerations pertaining to:**

	Never	Sometimes	Almost Always	Always
• Three rules of gun safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Zone of fire & direction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Eye & ear protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Equipment handling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Use of proper ammunition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Range Operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Demonstrations knowledge of rifle equipment, including:**

	Instructor's Int.	Date
• Rifle Types	_____	_____
• Parts of the rifle	_____	_____
• Ammunition (types, components, function)	_____	_____
• Rifle Operation	_____	_____
• Targets & target identification	_____	_____

**Demonstrates knowledge of proper rifle shooting form, including:**

	Instructor's Int.	Date
• Eye dominance	_____	_____
• Bench Position	_____	_____
• Prone Position	_____	_____
• Sitting Position	_____	_____
• Kneeling Position	_____	_____
• Standing Position	_____	_____
• Use of Sling	_____	_____
• Sight alignment/sight picture	_____	_____
• Trigger control	_____	_____
• Follow through	_____	_____



# Hunting & Wildlife Equipment & Safety Knowledge

The appropriate boxes must be dated & initialed by a certified 4-H Shooting Sports Instructor.

Name of Member \_\_\_\_\_ 4-H Yr. \_\_\_\_\_

**Demonstrates knowledge of safety, including safety considerations pertaining to:**

	Never	Sometimes	Almost Always	Always
• Basic firearm safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Muzzle control in the field	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Target Identification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Equipment Safety & handling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Zone of fire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Blaze orange	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Planning a safe hunt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Demonstrations knowledge of hunting arms and ammunition including:**

	Instructor's Int.	Date
• Rifle (small bore, highpower, blackpowder)	_____	_____
• Shotguns	_____	_____
• Handguns	_____	_____
• Archery	_____	_____

**Demonstrates knowledge of basic wildlife management principles, including:**

	Instructor's Int.	Date
• Components of habitat	_____	_____
• Carrying capacity	_____	_____
• Predator/prey relationships	_____	_____
• Role of hunting regulations in managing wildlife populations	_____	_____

**Demonstrates knowledge of Vermont hunting regulations for several species of game, including:**

	Instructor's Int.	Date
• Open Season	_____	_____
• Bag limits	_____	_____
• Licenses required	_____	_____
• Lawful methods of taking game	_____	_____
• Unlawful methods of taking game	_____	_____

**Demonstrates knowledge of proper field care of game.** \_\_\_\_\_

**Demonstrates knowledge of history and ethics of hunting and the reasons people hunt today.**

\_\_\_\_\_

**Demonstrates knowledge of ways to maintain good hunter/landowner relations.**

\_\_\_\_\_

# Hunting Trips Record

Developing hunting knowledge and hunting skills is an important part of your 4-H Shooting Sports project. Use this space below to record your outings, important observations of the hunt, and things you learned about nature, animals, and birds. Also include how you feel about each trip.

Date _____	Type of Game _____
Location _____	Number of people in your party _____
<b>Your observations:</b>	
_____	
_____	
<b>Your feelings:</b>	
_____	
_____	

Date _____	Type of Game _____
Location _____	Number of people in your party _____
<b>Your observations:</b>	
_____	
_____	
<b>Your feelings:</b>	
_____	
_____	











# Project Summary

Date Completed:

Please describe what you learned by doing your project:

Did you meet your goals?

Why did you pick this project?

Did you have to do research to learn about your project? If yes, where did you go or what did you do to research the topic?

What problems did you encounter along the way?

What went well for you?

What would you do differently next time?

Did you have to buy special equipment?

How did you finance your project?

What life skills would you say you learned by doing this project (look at the wheel provided in the general section of the member record for a list)?

How will the skills you learned in this project help you in other parts of your life?

Did you enter your project in county or regional day? Yes No

Did your project receive any awards or recognition? If yes, what?

Do you plan on continuing in learning this project at a more advanced level? Yes No

Anything else you would like to mention?

Please add any additional pages containing pictures, photos, handouts, or anything else you would like to include completing your project summary.

# Photos

*If you require accommodations to participate in this program, please let our office know so we may assist you.*

University of Vermont Extension and U.S. Department of Agriculture, cooperating, offer education and employment to everyone without regard to race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, and marital or familial status.

