

Place Contestant Label Here

**UT Eastern Region 4-H
Wildlife Management Practices**

Eastern Deciduous Forest								
Control Non-Native Invasive Vegetation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Decrease Harvest	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Delay Crop Harvest	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Establish Field Buffers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Establish Native Grasses and Forbs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fish or Wildlife Survey	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Forest Management Techniques	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increase Harvest	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leave Grain Unharvested	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Manage Disturbance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nesting Structures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Plant / Manage Food Plots	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Plant Shrubs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Plant Trees	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ponds: Construction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ponds: Deepen Edges	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ponds: Fertilize / Lime	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ponds: Reduce Turbidity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ponds: Repair Spillway / Levee	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ponds: Restock	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Create Snags	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tillage Management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Water Control Structures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Water Developments for Wildlife	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wildlife Damage Management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Total Incorrect _____

Total Score _____

**For Official Scoring
Use Only**

1		2		3		4		5	
6		7		8		9		0	

Place Contestant Label Here

UT Eastern Region 4-H Wildlife Identification

No.	Species	Score
1.		
2.		
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20.		
Total Score		

For Official Scoring
Use Only

1



2



3



4



5



6



7



8



9







































































































0







Place Contestant Label Here

UT Eastern Region 4-H General Wildlife Knowledge





Question #1 <input type="checkbox"/> A  <input type="checkbox"/> B  <input type="checkbox"/> C  <input type="checkbox"/> D 	Question #2 <input type="checkbox"/> A  <input type="checkbox"/> B  <input type="checkbox"/> C  <input type="checkbox"/> D 	Question #3 <input type="checkbox"/> A  <input type="checkbox"/> B  <input type="checkbox"/> C  <input type="checkbox"/> D 	Question #4 <input type="checkbox"/> A  <input type="checkbox"/> B  <input type="checkbox"/> C  <input type="checkbox"/> D 	Question #5 <input type="checkbox"/> A  <input type="checkbox"/> B  <input type="checkbox"/> C  <input type="checkbox"/> D 
Question #6 <input type="checkbox"/> A  <input type="checkbox"/> B  <input type="checkbox"/> C  <input type="checkbox"/> D 	Question #7 <input type="checkbox"/> A  <input type="checkbox"/> B  <input type="checkbox"/> C  <input type="checkbox"/> D 	Question #8 <input type="checkbox"/> A  <input type="checkbox"/> B  <input type="checkbox"/> C  <input type="checkbox"/> D 	Question #9 <input type="checkbox"/> A  <input type="checkbox"/> B  <input type="checkbox"/> C  <input type="checkbox"/> D 	Question #10 <input type="checkbox"/> A  <input type="checkbox"/> B  <input type="checkbox"/> C  <input type="checkbox"/> D 
Question #11 <input type="checkbox"/> A  <input type="checkbox"/> B  <input type="checkbox"/> C  <input type="checkbox"/> D 	Question #12 <input type="checkbox"/> A  <input type="checkbox"/> B  <input type="checkbox"/> C  <input type="checkbox"/> D 	Question #13 <input type="checkbox"/> A  <input type="checkbox"/> B  <input type="checkbox"/> C  <input type="checkbox"/> D 	Question #14 <input type="checkbox"/> A  <input type="checkbox"/> B  <input type="checkbox"/> C  <input type="checkbox"/> D 	Question #15 <input type="checkbox"/> A  <input type="checkbox"/> B  <input type="checkbox"/> C  <input type="checkbox"/> D 
Question #16 <input type="checkbox"/> A  <input type="checkbox"/> B  <input type="checkbox"/> C  <input type="checkbox"/> D 	Question #17 <input type="checkbox"/> A  <input type="checkbox"/> B  <input type="checkbox"/> C  <input type="checkbox"/> D 	Question #18 <input type="checkbox"/> A  <input type="checkbox"/> B  <input type="checkbox"/> C  <input type="checkbox"/> D 	Question #19 <input type="checkbox"/> A  <input type="checkbox"/> B  <input type="checkbox"/> C  <input type="checkbox"/> D 	Question #20 <input type="checkbox"/> A  <input type="checkbox"/> B  <input type="checkbox"/> C  <input type="checkbox"/> D 
Question #21 <input type="checkbox"/> A  <input type="checkbox"/> B  <input type="checkbox"/> C  <input type="checkbox"/> D 	Question #22 <input type="checkbox"/> A  <input type="checkbox"/> B  <input type="checkbox"/> C  <input type="checkbox"/> D 	Question #23 <input type="checkbox"/> A  <input type="checkbox"/> B  <input type="checkbox"/> C  <input type="checkbox"/> D 	Question #24 <input type="checkbox"/> A  <input type="checkbox"/> B  <input type="checkbox"/> C  <input type="checkbox"/> D 	Question #25 <input type="checkbox"/> A  <input type="checkbox"/> B  <input type="checkbox"/> C  <input type="checkbox"/> D 

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Question #26

- A 
- B 
- C 
- D 

Question #27

- A 
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- C 
- D 





Question #28

- A 
- B 
- C 
- D 

Question #29

- A 
- B 
- C 
- D 





































































































Question #30

- A 
- B 
- C 
- D 






Total Score _____

Place Contestant Label Here






UT Eastern Region 4-H
General Wildlife Knowledge

<p>Question #1</p> <p><input type="checkbox"/> A </p> <p><input type="checkbox"/> B </p> <p><input type="checkbox"/> C </p> <p><input type="checkbox"/> D </p> <p><input type="checkbox"/> E </p>	<p>Question #2</p> <p><input type="checkbox"/> A </p> <p><input type="checkbox"/> B </p> <p><input type="checkbox"/> C </p> <p><input type="checkbox"/> D </p> <p><input type="checkbox"/> E </p>	<p>Question #3</p> <p><input type="checkbox"/> A </p> <p><input type="checkbox"/> B </p> <p><input type="checkbox"/> C </p> <p><input type="checkbox"/> D </p> <p><input type="checkbox"/> E </p>	<p>Question #4</p> <p><input type="checkbox"/> A </p> <p><input type="checkbox"/> B </p> <p><input type="checkbox"/> C </p> <p><input type="checkbox"/> D </p> <p><input type="checkbox"/> E </p>	<p>Question #5</p> <p><input type="checkbox"/> A </p> <p><input type="checkbox"/> B </p> <p><input type="checkbox"/> C </p> <p><input type="checkbox"/> D </p> <p><input type="checkbox"/> E </p>
<p>Question #6</p> <p><input type="checkbox"/> A </p> <p><input type="checkbox"/> B </p> <p><input type="checkbox"/> C </p> <p><input type="checkbox"/> D </p> <p><input type="checkbox"/> E </p>	<p>Question #7</p> <p><input type="checkbox"/> A </p> <p><input type="checkbox"/> B </p> <p><input type="checkbox"/> C </p> <p><input type="checkbox"/> D </p> <p><input type="checkbox"/> E </p>	<p>Question #8</p> <p><input type="checkbox"/> A </p> <p><input type="checkbox"/> B </p> <p><input type="checkbox"/> C </p> <p><input type="checkbox"/> D </p> <p><input type="checkbox"/> E </p>	<p>Question #9</p> <p><input type="checkbox"/> A </p> <p><input type="checkbox"/> B </p> <p><input type="checkbox"/> C </p> <p><input type="checkbox"/> D </p> <p><input type="checkbox"/> E </p>	<p>Question #10</p> <p><input type="checkbox"/> A </p> <p><input type="checkbox"/> B </p> <p><input type="checkbox"/> C </p> <p><input type="checkbox"/> D </p> <p><input type="checkbox"/> E </p>
<p>Question #11</p> <p><input type="checkbox"/> A </p> <p><input type="checkbox"/> B </p> <p><input type="checkbox"/> C </p> <p><input type="checkbox"/> D </p> <p><input type="checkbox"/> E </p>	<p>Question #12</p> <p><input type="checkbox"/> A </p> <p><input type="checkbox"/> B </p> <p><input type="checkbox"/> C </p> <p><input type="checkbox"/> D </p> <p><input type="checkbox"/> E </p>	<p>Question #13</p> <p><input type="checkbox"/> A </p> <p><input type="checkbox"/> B </p> <p><input type="checkbox"/> C </p> <p><input type="checkbox"/> D </p> <p><input type="checkbox"/> E </p>	<p>Question #14</p> <p><input type="checkbox"/> A </p> <p><input type="checkbox"/> B </p> <p><input type="checkbox"/> C </p> <p><input type="checkbox"/> D </p> <p><input type="checkbox"/> E </p>	<p>Question #15</p> <p><input type="checkbox"/> A </p> <p><input type="checkbox"/> B </p> <p><input type="checkbox"/> C </p> <p><input type="checkbox"/> D </p> <p><input type="checkbox"/> E </p>
<p>Question #16</p> <p><input type="checkbox"/> A </p> <p><input type="checkbox"/> B </p> <p><input type="checkbox"/> C </p> <p><input type="checkbox"/> D </p> <p><input type="checkbox"/> E </p>	<p>Question #17</p> <p><input type="checkbox"/> A </p> <p><input type="checkbox"/> B </p> <p><input type="checkbox"/> C </p> <p><input type="checkbox"/> D </p> <p><input type="checkbox"/> E </p>	<p>Question #18</p> <p><input type="checkbox"/> A </p> <p><input type="checkbox"/> B </p> <p><input type="checkbox"/> C </p> <p><input type="checkbox"/> D </p> <p><input type="checkbox"/> E </p>	<p>Question #19</p> <p><input type="checkbox"/> A </p> <p><input type="checkbox"/> B </p> <p><input type="checkbox"/> C </p> <p><input type="checkbox"/> D </p> <p><input type="checkbox"/> E </p>	<p>Question #20</p> <p><input type="checkbox"/> A </p> <p><input type="checkbox"/> B </p> <p><input type="checkbox"/> C </p> <p><input type="checkbox"/> D </p> <p><input type="checkbox"/> E </p>






Question #21

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Question #22

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Question #23

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Question #24

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- E 






Question #25

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Question #26

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Question #27

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Question #28

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Question #29

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- E 

Question #30

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- B 
- C 
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- E 