

2020 **INCUBATION & EMBRYOLOGY RESERVATION FORM**



School/Pre-school/Facility			
	would like to reserve	incubators	
Dates Signed up for:			

□1 week Program

□ 3-week Program

□ Eggs Only

Teachers who will be working with this project are:

Teacher Name	Teacher E-mail Address	Grade	# of Students

Principal/Contact:	I	Phone:	
E-mail Address (IMPORTANT)		Fax:	
Mailing Address:			
 Payment included O Check O Money Order O O Payment will follow (no separate invoice will be mail Please submit proper paperwork to your Accounts Payable Dept. for processing!) 		-	nnit (Make checks b: 4-H Ed. Services)
Please return via mail, e-mail or fax If you have questions, please contact:		See page 2 for	paying by credit card! Proud Partner Agency
Cole County Extension/Cole County 4-H 2436 Tanner Bridge Rd. Jefferson City, MO 65101	Phone: (573) 634 E-mail: <u>coleco@</u> Fax: (573) 634-5	missouri.edu	United Way



Cole County Extension 2436 Tanner Bridge Road Jefferson City, MO 65101 573-634-2824

Credit Card Payment/Refund Authorization Form

Sign and complete this form to authorize **Cole County Extension** to make a one-time debit/credit to your credit card listed below.

By signing this form you give us permission to debit/credit your account for the amount indicated. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

This extension center will **NOT** accept this authorization form by email. **BUT** we will accept it by fax at 573-634-5463; by mail 2436 Tanner Bridge Road, Jefferson City, MO 65101 or call the information in at 573-634-2824.

Please complete the information below:

Ι	authorize Cole Cou	nty Extensio	n to charge my credit card	
(full name)				
account indicated below for	on or after (amount)	(date)	This payment is for	
Incubators for Chick Hatch (description of goods/serv				
Billing Address		Phone#		
City, State, Zip		Email		
SIGNATURE		DATE		
I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.				
Account Type: 🗌 Visa	MasterCard	AMEX	Discover	
Cardholder Name				

Missouri 4-H Youth Development Programs School Enrichment Form

The form MUST BE RETURNED before delivery of your incubator.

Please complete this form for **Cach class** that will be participating in the Incubation & Embryology Project. Just as you have criteria to meet for reporting to the State, we do, too!! This information is <u>vital</u> to continuing this project in your school.

Scł	nool:	
Теа	acher:	Grade:
Dat	tes of project:	# Hours of Instruction provided with this project during week
		###
1.	Total number of students in this class: # Male # Female How many of these students are currently e # Male # Female	
2.	this a taxing or mural area	
3.	How many of the students are: Ethnicity: Hispanic White Black American Native Asian Hawaiian/Pacific Islander White & Black White & American Native Black & American Native Other/Mixed	Ethnicity: Non-Hispanic White Black American Native Asian Hawaiian/Pacific Islander White & Black White & American Native Black & American Native Other/Mixed

Please return one copy for each class with the reservation form to:		
Cole County Extension	Phone: (573) 634-2824	
2436 Tanner Bridge Rd.	E-mail: <u>coleco@missouri.edu</u>	
Jefferson City, MO 65101	Fax: (573) 634-5463	