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| --- | --- | --- |
| Applicant’s name | Applicant’s address | Contact Number |
| Parent’s Name | Parent’s Address | Contact Number |
| Name of Event | Dates and Location of Event | Cost of Event:Additional Funds Received: |

|  |
| --- |
| Brief Description of Event. |
| What I learned at this event (member only, use additional sheet if necessary.) |

|  |  |
| --- | --- |
| Date: | Signature of participant |
| Date: | Signature of parent |
| Date: | Signature of project/club leader or Extension staff: |

If approved please make check out to:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office Use Only