



## Fall River County Youth Reimbursement

Please complete this application to be eligible for the 4-H Fall River Leaders/Parents Association Youth Reimbursement of up to \$50.00. **Youth will receive the reimbursement after the event is complete and they have presented to their club and the leaders association.**

Name: \_\_\_\_\_ 4-H Club: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ Email: \_\_\_\_\_

Parents/Guardian Name(s): \_\_\_\_\_

What camp/training/competition are you planning on attending?

\_\_\_\_\_

Where is this activity located? \_\_\_\_\_

What are the dates? \_\_\_\_\_

Why does attending this event interest you?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Would you be willing to come to a Fall River County 4-H Leader meeting once you have completed the activity to explain what you did and what you learned from attending?

Yes ☐ No ☐

Upon completion of this application, please send to the Fall River County 4-H Office and the Fall River 4-H Leaders/Parents Association will review it.

**DEADLINE: Before your event date**

\_\_\_\_\_

4-H Club

\_\_\_\_\_

Signed by Leader of Club

Date

\_\_\_\_\_

Youth Signature

Date

\_\_\_\_\_

Parent/Guardian Signature

Date

