Please fill in the name of each 4-H member in your family (including Cloverbuds). For each of the first 3 children listed, the participation fee is $10.00. Each family only pays a maximum of $30

Child 1 _________________________________________   $________
Child 2 _________________________________________   $________
Child 3 _________________________________________     $________
Child 4 _________________________________________   $00.00
Child 5 _________________________________________   $00.00
Child 6 _________________________________________    $00.00

Total           $________

Parent/guardian signature of person completing form

TO BE COMPLETED BY CLUB ADMINISTRATIVE LEADER

Cash _______ Check # _______ Receipt # ________ Date paid _______

Club leader signature:  ____________________________________________________

(Send a copy of completed form to:  MSU Extension Office)