2017 ALLEGAN COUNTY 4-H PARTICIPATION FEE & ACCIDENT INSURANCE FEE

FAMILY WORKSHEET
(Please include this form with your payment)

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

Participation Fee Total        $________

Accident Insurance fee ($1 non horse or $2 horse project members)   $________

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 with fees)

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