



4-H Capital Days - Teen Nomination form

Return on or before March 15.

Complete and return to the Otsego County 4-H Office

Cornell Cooperative Extension, 123 Lake Street, Cooperstown, NY 13326

Teen name: _____

Age: (must be 14) _____

High School Name: _____

Principal: _____

Parent/guardians name: _____

Contact email: _____

Contact phone: _____

Address: _____

Why would this teen be a good choice to represent the Otsego County 4-H Program at 4-H Capital Days? _____

Note: There will be a cost to participate, approximately \$110.

Person making the nomination: _____

Date: _____

Note: An adult Chaperone will also be needed to transport the delegates. The cost of the trip will be covered for the Volunteer Chaperone.

Chaperone nomination: _____

Chaperone contact email: _____

Contact phone: _____