

Award Trip Application -Cover Sheet-

Name (please print): _____

Street Address/PO Box: _____

Town, State, Zip Code: _____

I am applying for (name of trip): _____

I understand that, upon acceptance, **I will be notified of the cancellation deadline. If I cancel on or after the specified deadline for anything other than a true emergency, I will be billed for the full registration fee.** (In the event a member does not honor this policy, he/she will be disqualified from all future Award Trip consideration.)

I confirm that the information submitted in this resume is a true and accurate profile of my 4-H and community involvement. I agree to the terms as outlined.

Applicant Signature: _____ Date: _____

To be completed by Parent/Guardian:

I support my child's decision to submit this application for his/her choice of 4-H Award Trip. I understand and agree to the terms outlined.

Parent/Guardian Signature: _____ Daytime phone: _____

Evening phone: _____

The 4-H Award Trip program cannot succeed without the support of parents as chaperones. The lack of parent chaperones to fulfill the required quota could result in the cancellation of an Award Trip, or in a limited participation in an Award Trip. Parent volunteers are crucial to the success of the Award Trip program. In appreciation of the service chaperones provide, registration and transportation expenses are covered. Please don't expect "the other guy" to do it - if no one does it, it won't get done. Your help is needed.

Yes, I CAN chaperone I am willing to drive my personal vehicle which seats passengers.

Leader Verification:

I have reviewed this application.

As a 4-H Leader in good standing, I verify that, to the best of knowledge, the applicant has submitted a true and accurate account of her/his 4-H, school, and community involvement and accomplishments.

Leader signature: _____ Date: ____/____/____