

East Greenbush, NY 12061

## **4-H Capital Days Application**

| Name                                |  |
|-------------------------------------|--|
| Phone                               |  |
| Address                             |  |
| Age Grade in Sch                    |  |
| Birth DateYo                        | ears in 4-H  |
| As the applicant's parent/guartrip. | dian, I support her/his desire to act as a 4-H delegate for this |
| Signed:                             | Date:  |
| Attach this form to your essay      | . The essay should be 200-300 words answering the question:      |
| "If you had 5 minutes to talk t     | o your State Senator or Assemblyman, what would you tell         |
| them about 4-H in Rensselaer        | County?"   |
| Submit your application to          |  |
| 4-H Office (ATTN: Eileen Del        | 'aula)   |
| CCE of Rensselaer County            |  |
| 99 Troy Road                        |  |
| Suite 203                           |  |