

Form A Request for 4-H Participation Across County Lines



Submit this request to the County Extension Agent for 4-H Youth Development in either of the counties involved.

Name of youth: _____ County of residence: _____

County in which youth requests to participate: _____

4-H project in which he/she requests to participate: _____

Reason for request: _____

- Our intention is to enhance the educational experience and not to gain competitive or financial advantage.
- We understand that the 4-H'er will only be released to participate in the program/project mentioned above. All other 4-H participation will take place in the county of residence or where attending school.
- We understand that a 4-H'er cannot compete in the same project/program in two counties or states.
- If granted, this privilege remains in effect for the entire 4-H program year (September 1-August 31).
- We understand that this request must be approved by the county 4-H councils and Extension agents for 4-H YD in both counties. If approval is denied by any one party, the request will be denied.

X _____
Signature of 4-H member Date

X _____
Signature of Parent/Guardian Date

Mailing Address: _____

Telephone: _____ Email: _____

For Office Use Only: This portion of form will be completed by Agents and County 4-H Councils in both counties releasing and accepting the 4-H'er.

4-H Participation across County Lines Authorization and Agreement

The signatures below verify that the agents and county 4-H councils have considered this request and have approved the membership transfer (release) of the 4-H'er mentioned above from one county to join another county's 4-H program. A report of this action will be filed (Form B) with both District Directors and the Assistant Director of Extension for 4-H Youth Development no later than July 1.

Starting date: _____ This agreement remains in effect: ___ from year to year ___ current 4-H year only

Release:

X _____
Signature of Agent releasing 4-H'er Date

X _____
Signature of County 4-H Council President Date

Accept:

X _____
Signature of Agent accepting 4-H'er Date

X _____
Signature of County 4-H Council President Date

3-4-2017

