

**OTSEGO COUNTY 4-H YOUTH DEVELOPMENT  
CLOVERBUD 4-H TRIP APPLICATION**

Trip Applying for: \_\_\_\_\_

Participant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Age: \_\_\_\_\_

4-H Club: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Parent's Phone: Day - \_\_\_\_\_ Best Time to Call: \_\_\_\_\_

Evening - \_\_\_\_\_ Best Time to Call: \_\_\_\_\_

I will be boarding the Bus in: \_\_\_\_\_ Cooperstown  
\_\_\_\_\_ Oneonta

\_\_\_\_\_ I would like to chaperone this 4-H Cloverbud Trip and have completed a 4-H Chaperone Trip Application.

\_\_\_\_\_ I would like my Cloverbud 4-H'er to participate in this 4-H Cloverbud Trip. I have made arrangements for my child to be chaperoned by \_\_\_\_\_  
The fore named person have submitted a 4-H Chaperone Trip Application.

I verify that the above information is true and correct to the best of my knowledge. I have enclosed the non-refundable trip fee of \$ \_\_\_\_\_.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_