OTSEGO COUNTY 4-H YOUTH DEVELOPMENT
4-H TRIP APPLICATION
Youth and Adult

Trip Applying for _____

Participant's Name _____

Address _____

Phone Number _____ Age _____

Email Address _____ 4-H Club _____

Parent's Name _____

Parent's Daytime Phone _____ Best Time to Call _____

I will be boarding the Bus in _____ Cooperstown

_____ Oneonta

Room Arrangements:

_____ I would like a quad occupancy room at no additional cost.

_____ I would like a double occupancy room and will pay the additional cost.

I would like to room with the following people:

1) _____

2) _____

3) _____

_____ I would like to chaperone this 4-H Trip

_____ I would like my 4-H'er to participate in this 4-H Trip. I have arranged for my child to be chaperoned by _____. The fore named person has 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 $ _____. I have spoken with the people listed as my roommate preference and they will be requesting me as a roommate.

Signature of Participant: _____ Date _____

Signature of Parent or Guardian: _____ Date _____

Office Use Only

Date Received _____ Health Form R'ced _____ Code of Conduct Rec'd _____