

# 4-H Club Registration Form

Name of Club: \_\_\_\_\_

Date Submitted to Office: \_\_\_\_\_

Club maintains Adult and Youth Treatment forms.

Office Use	Family Name		Members First & Last Name (if different from family)	Youth	Adult	Medical Release Received	Check # (optional)	Cash Amount (optional)	Total Amount Paid	Notes (optional, club use)	Confirmed by VEC
		1									
		2									
		3									
		4									
		5									
		6									
		7									
		8									
		9									
		10									
		11									
		12									
		13									
		14									
		15									
		16									
		17									

Youth total:  : Adult total

**Total fees collected**

# 4-H Club Registration Form

Name of Club: \_\_\_\_\_

Date Submitted to Office: \_\_\_\_\_

Club maintains Adult and Youth Treatment forms.

Office Use	Family Name		Members First & Last Name (if different from family)	Youth	Adult	Medical Release Received	Check # (optional)	Cash Amount (optional)	Total Amount Paid	Notes (optional, club use)	Confirmed by VEC
		18									
		19									
		20									
		21									
		22									
		23									
		24									
		25									
		26									
		27									
		28									
		29									
		30									
		31									
		32									
		33									
		34									
				Youth total:	<input type="text"/>	<input type="text"/>	: Adult total	<input type="text"/>		<b>Total fees collected</b>	