



# 4-H Conference/Event Reimbursement Application for 4-H Members & Leaders

Please fill out this form for any conferences or events you will be attending on behalf of 4-H, which you wish reimbursement to be considered by the 4-H Council. Please fill out one form for each conference/event that you would like considered, and return prior to the next 4-H Council meeting. This form is only for active 4-H members & active 4-H leader use. 4-H members shall be in good standing, and 4-H leaders shall be leading a 4-H project in Calaveras County or be serving as a 4-H community club leader.

Please note : **Executive 4-H Council approval is required prior to the conference or event. You will receive written notification if your application is approved.**

Approved reimbursements will be issued at the end of the 4-H year. Conferences and events held outside of the 4-H program are not considered.

Your Name: \_\_\_\_\_

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

Conference/Event Name: \_\_\_\_\_

Section Where Conference/Event Will Be Held: \_\_\_\_\_

Date(s) Attending (include year): \_\_\_\_\_

Cost of Conference/Event (not including travel costs, t-shirts or other extra expenses): \$ \_\_\_\_\_

Are there outside monies, such as scholarships or reimbursements that are helping pay your way?  
( ) No ( ) Yes, \_\_\_\_\_ (list dollar amount)

Are any of the conference/event fees reduced or waived for you?  
( ) No ( ) Yes...please explain, and list amount:

\_\_\_\_\_  
What capacity will you be in at the conference/event (delegate, chaperone, driver, etc.)?

\_\_\_\_\_  
If you are a chaperone, please list names of Calaveras 4-H members you will be chaperoning:  
(if more, list on back)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How will this conference or event benefit your 4-H club?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mail to:

4-H Office  
891 Mountain Ranch Rd.  
San Andreas, CA 95249

Or fax to: 754-9616