



University of California
Agriculture and Natural Resources
4-H Youth Development Program

Contra Costa County 4-H Fee Waiver Request

Name: _____

Address: _____

Phone: (____) _____

Email: _____

4-H Club: _____

Fee waiver request for:

Reason for fee waiver request:

Fundraising plan (group or individual):

(County Council will match funds to a maximum of 50%. Any amounts over \$200. Will need additional approval by County Council and are subject to availability of funds.)

Signature of 4-H Member: _____ Date: _____

Parent Signature: _____ Date: _____

Please submit to County Council Secretary, at
secretary@contracosta4h.org, at least 2 weeks prior to event registration
due date.

County Council Approval Signatures:

_____ Date: _____

_____ Date: _____