

2011 MEAL TICKET AND OVERNIGHTER/CHAPERONE FORM FOR YOUTH AND ADULTS

Please fill out and return complete page -- Please complete a separate sheet for each individual.
Read carefully the preceding page about the expectations for 4-H Overnights/Chaperones at the Fair.

Name _____ Phone _____

Mailing Address _____ Town _____ Zip _____

4-H Club _____

Emergency contact during the fair: _____ Phone _____

Complete either YOUTH or ADULT information below.

YOUTH(\$28 for meal ticket) _____ Date of Birth _____ Overnighter _____ Day only

Check ALL that apply:

_____ Static Exhibitor _____ Livestock Exhibitor _____ Junior Fair Director

_____ 4-H Fair Worker (Help needed from ALL exhibitors - attach Fair Worker Sign-Up Chart)

Area (if known): _____

Permission granted by: _____

_____ Project Department Helper Project Department assignment: _____

Department Head Signature: _____

I hereby grant permission for my son/daughter to remain overnight at the Fair and give my consent for emergency medical treatment, if necessary. He/She has the following special medical condition (allergy, bee-sting allergic reaction, diabetes, etc.):

He/she has required medication:

Parent Signature: _____

This 4-H member is entering the 4-H Fair and will be one of the members responsible to me from Thursday, August 25, to Sunday, August 28, 2011.

Department Head Signature _____ Chaperone Signature _____

ADULT (\$41 for meal ticket & 3 day pass on or before Thurs., August 25, 2011; \$43 after Thurs.)

Check one: _____ Night Chaperone _____ Day Chaperone

Signature of Department Head _____