

PARENTAL REQUEST FORM

I request that my son/daughter:

Name _____ Parish _____

attending (event) _____

on (date) _____ be allowed to (give name if another person is involved)

on (date) _____ at (time) _____

Signature of Parent or Guardian

Telephone Numbers: Home: _____

Work: _____

Other: _____

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One copy is to be kept by the agent and one by the event supervisor or coordinator.

At 4-H University, one copy is given to the dorm supervisors in which the delegate is staying.

June 20, 2006