



Plymouth County 4-H Advisory Council **Assistance Request Form**



Applicant's Name _____ Date of Birth _____

Parent(s)/Guardian Name _____

Home Address _____

Phone # _____

4-H Member: _____ Adult Volunteer _____

Name of Club _____

of Yrs in 4-H _____

Program and Dates:

4-H Camp _____ 4-H Teen Conference _____

Workshop _____ Training _____

Other: _____

Cost of Program: _____

APPLICANT: (Reasons for applying fill in below): _____

Applicant's Signature: _____ Date _____

Parent/Guardian Additional Comments:

Parent/Guardian Signature: _____ Date: _____

Applicants are required to pay the balance of the program fee. Applications must be returned to the 4-H Plymouth County Advisory Council **at least 6 weeks in advance of program start date or by April 1 for 4-H Camp Farley.**

Please send completed applications to:
Plymouth County 4-H, 44 Obery Street, Plymouth, Ma 02360