**SSLA YOUTH AMBASSADOR AWARD FORM**

**\*Leave for SSLA Youth Ambassador Chair to record**

|  |  |  |  |
| --- | --- | --- | --- |
| Youth Name:  SSLA # | | | |
| Farm Name: | | | |
| Email: | | Cell# | |
| EVENT | DATE | ORGANIZER | \*POINTS ERANED |
| [EXAMPLE] Visited local nursing home | 02/24/23 | Girl Scouts | 1 |
| [EXAMPLE]  Hillbilly Show  3 animals  1-Youth Int. (5pt);  2-Novice (1pt) | 03/3-5/23 | SSLA  Kathy Devaul | 6 |
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Please email the completed form by the **second Friday in FEBRUARY** to:

Jackie Ellett, [jackieellett4@gmail.com](mailto:jackieellett4@gmail.com)

C#706-614-2854

Send a total of **4-5 labeled photos** to be shown at the SSLA Conference.