

4-H Program Fee Waiver



If the annual 4-H Program Fee (\$20 per member) is a financial hardship to your family, please complete this form and send it to 4-H staff in your county.

Complete 1 fee waiver form for your entire household after submitting your enrollment(s) in zSuite.

4-H Member Name(s): _____

4-H Club Name: _____

Parent/Guardian Name: _____

Parent/Guardian Signature

Date

Extension County Director Signature

Date

Mail or email completed forms to your county Extension Office:

Sherrri Bishop
Logan Extension Office
980 N. Postville Dr.
Lincoln, IL 62656
slb3637@illinois.edu

Stacie Skelton
Menard Extension Office
420 S. 7th St.
Petersburg, IL 62675
sskelton@illinois.edu

Sangamon Extension Office
700 S. Airport Dr.
Springfield, IL 62707