

# 4-H Program Waiver

(one form per 4-H family)

**\* Please submit with enrollment to County Extension Office.**

4-H Member(s) Name:

4-H Club Name:

Parent/Guardian Name:

Partial and full waivers are available to cover the 4-H Program Fee. If you feel that you family can make some contribution to the fee, please indicate the amount.

We are able to provide \$ \_\_\_\_\_ of the \$20 Member 4-H Program Fee.  
(Cash or check made payable to University of Illinois)

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Signature of Parent/Guardian

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Date

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Signature of Extension Director

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Date