

## REQUEST TO USE THE 4-H NAME AND EMBLEM

County \_\_\_\_\_ Name of Organization \_\_\_\_\_

Type of Organization (Check one):

\_\_\_\_\_ 4-H Youth Group

\_\_\_\_\_ Youth Livestock Show

\_\_\_\_\_ Fair

\_\_\_\_\_ Other Group (please specify)

Purpose of Organization:\*

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*\*Examples of Purposes*

1. Carry out a 4-H Youth Development educational program.
2. Carry out a short-term summer day camp educational program for youths.
3. Conduct a community, county, district, or state-level fair, show, or other educational program for 4-H members or other youths.

*Affirmative Action Statement:*

Membership in the above-named organization is open to and extends its services or programs to all eligible youths without regard to race, color, religion, sex, national origin, disability, or sexual orientation.

*Volunteer Leader or Other Responsible Person in Organization:*

\_\_\_\_\_  
Print or type name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date signed

*For Extension Use Only:*

The above-named group is authorized to use the 4-H name and emblem.

\_\_\_\_\_  
Extension Educator

\_\_\_\_\_  
County

\_\_\_\_\_  
Date signed

*Return this form to your County Extension Office (address listed on the reverse side).*

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**SKAMANIA**—710 SW Rock Creek Drive, P.O. Box 369, Stevenson 98648-0790  
**SNOHOMISH**—600 128 Street SE, Everett 98208-6353  
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**STATE 4-H OFFICE**—P.O. Box 1495, Spokane 99210-1495  
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