

Alternative Check-In Form
Due to the extension Office by June 15th

4-H Youth's Name: _____ 4-H Age: _____

Reason for Alternative Check-In Time: _____

Parent/Guardian's Name: _____

Parent/Guardian's Phone Number: _____

Check-In Date & Time: _____

I, _____ am checking in the following animals,

on July _____, 20____ at _____ AM/PM (circle one)

This has been approved by Extension Staff, the Species Superintendent, and/or the Overall Fair Superintendent.

(Two Supervisory signatures are required)

4-H Youth's Signature or Parent/Guardian Signature Date

Extension Staff Signature Date

Species Superintendent Signature Date

Overall Fair Superintendent Signature Date