

## 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:\*

*\*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 and Date Signed

*For Extension Use Only:*

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



Authorized Extension Staff

County and Date signed

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

## Washington State University Extension Offices

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2403 S 18th St. Ste. 100, Union Gap, WA 98903-1637  
**STATE 4-H OFFICE**—P.O. Box 1495, Spokane 99210-1495  
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