

WA State 4-H Enrollment Fee - CHECK Enclosure Form

for Lincoln Co. 4-H Club & Family 4-H YOUTH Members

who selected the "CountyClub 4-H Check" option in 4hOnline.



Check AND Fee Enclosure Form may be submitted by Parent/Guardian OR Club Leader OR Sponsor.

If you are a NEW member or a member of Almira 4-H, Davenport 4-H Club, Odessa Jr. Livestock, Pasture Pals II 4-H Club, Reardan Livestock, Sprague Lamont 4-H, or Bageant Family 4-H, **you do NOT need to send a check or submit this form.** The Lincoln Co. 4-H Leaders' Council will cover your fee and include your name on their Check Enclosure Form.

Enrollment Fee: \$25 per member*(ONE \$25 fee per youth regardless of number of clubs and/or Family 4-H Groups. Fee should be paid for or through "Primary" club or Leaders' Council if in more than one group.)

* If this fee is a substantial hardship, would prevent a child from participating, and there are no Club resources for support, a **4-H Enrollment Discount (Scholarship) Request Form** may be enclosed with a portion of the fee(s) **OR** contact Karen Robertson at 509-659-3209 or robertk@wsu.edu. Form available from the Extension Office or on: <http://bit.ly/4hOnline-Li-Adams>

Member Enrollment(s) will be officially "Accepted" AFTER: "Confirmation" from Club General (head) Leader in 4hOnline **AND** receipt of Enrollment Fee submitted with Fee Enclosure Form and, if necessary, Discount (Scholarship) request.

----- Cut or Fold & enclose with check -----

Make check **payable to: Washington State University 4-H**

Mail **ASAP** to:

WSU Lincoln-Adams 4-H Program
205 W Main Ave
Ritzville, WA 99169

OFFICE USE ONLY

Check # _____ Date Received _____

☐ Recorded in 4hOnline Profile(s)

☐ Enrollment Accepted

☐ Deposited on: _____

Enrollment Fee: \$25 per member*(one fee regardless of number of clubs and/or Family 4-H Groups. Fee should be paid for/through "Primary" club if in more than one group.)

Please type or PRINT clearly

<u>Member Name</u>	<u>Primary Club</u>	<u>Amount Included in check</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Total Enclosed: \$ _____

(For more youth, use additional Enclosure Form(s) or attach list of members & amounts)

Parent/Guardian, Leader, or Sponsor's Name: _____

Mailing Address: _____

Email: _____ Phone: _____

Scholarship Requests Only

☐ 4-H Membership Fee Discount (Scholarship) Requests needed for _____ number of members.

☐ Forms enclosed. OR ☐ Karen Robertson contacted on _____ OR ☐ _____ will contact Karen Robertson
Date Name