

**OTSEGO COUNTY 4-H YOUTH DEVELOPMENT
4-H CHAPERONE TRIP APPLICATION**

This application is to be typewritten or printed in ink by participant.

Trip applying for: _____

Chaperone's Name: _____

Address: _____

4-H Club: _____

Phone: Day - _____ Best Time to Call: _____

Evening - _____ Best Time to Call: _____

I will be boarding the Bus in: _____ Cooperstown
_____ Oneonta

Room Arrangements *(if applicable)*:

_____ I would like a quad occupancy room at no additional cost.

_____ I would like a double occupancy room and will pay the additional cost.

I would like to room with the following people *(if applicable)*:

1) _____

2) _____

3) _____

I verify that the above information is true and correct to the best of my knowledge. I have enclosed the non-refundable trip fee of \$ _____. I have spoken with the people listed as my roommate preference and they will also be requesting me as a roommate.

Signature of Participant: _____ Date: _____