



OTSEGO COUNTY 4-H YOUTH DEVELOPMENT  
4-H TRIP APPLICATION  
Youth and Adult



Trip Applying for \_\_\_\_\_

Participant's Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Age \_\_\_\_\_

Email Address \_\_\_\_\_ 4-H Club \_\_\_\_\_

Parent's Name \_\_\_\_\_

Parent's Daytime Phone \_\_\_\_\_ Best Time to Call \_\_\_\_\_

I will be boarding the Bus in \_\_\_\_\_ Cooperstown  
\_\_\_\_\_ Oneonta

Room Arrangements:

\_\_\_\_\_ 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:

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

\_\_\_\_\_ I would like to chaperone this 4-H Trip

\_\_\_\_\_ I would like my 4-H'er to participate in this 4-H Trip. I have arranged for my child to be chaperoned by \_\_\_\_\_. The fore named person has submitted a 4-H Chaperone Trip Application.

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 be requesting me as a roommate.

Signature of Participant: \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date \_\_\_\_\_

Office Use Only

Date Received \_\_\_\_\_ Health Form R'ced \_\_\_\_\_ Code of Conduct Rec'd \_\_\_\_\_