



NATIONAL 4-H FORESTRY INVITATIONAL REGISTRATION FORM

STATE _____

CONTACT PERSON _____

TELEPHONE _____ EMAIL _____

ADDRESS _____

STATE _____ ZIP _____

What is the date of your State 4-H Forestry Contest? _____

TEAM MEMBERS (Please list and give complete address and age)

NAME (1) _____ AGE _____ M ___ F ___

ADDRESS _____ T-Shirt Size: M ___ L ___ XL ___ XXL ___

CITY _____ ZIP _____ PHONE _____

NAME (2) _____ AGE _____ M ___ F ___

ADDRESS _____ T-Shirt Size: M ___ L ___ XL ___ XXL ___

CITY _____ ZIP _____ PHONE _____

NAME (3) _____ AGE _____ M ___ F ___

ADDRESS _____ T-Shirt Size: M ___ L ___ XL ___ XXL ___

CITY _____ ZIP _____ PHONE _____

NAME (4) _____ AGE _____ M ___ F ___

ADDRESS _____ T-Shirt Size: M ___ L ___ XL ___ XXL ___

CITY _____ ZIP _____ PHONE _____

HEAD COACH & ASSISTANT COACHES/CHAPERONES

(HEAD) COACH _____ M ___ F ___

PHONE _____ EMAIL _____ t-shirt size: M ___ L ___ XL ___ XXL ___

ADDRESS _____

COACH ()/CHAPERONE () _____ M ___ F ___

PHONE _____ EMAIL _____ t-shirt size: M ___ L ___ XL ___ XXL ___

ADDRESS _____

COACH ()/CHAPERONE () _____ M ___ F ___

PHONE _____ EMAIL _____ t-shirt size: M ___ L ___ XL ___ XXL ___

ADDRESS _____

COACH ()/CHAPERONE () _____ M ___ F ___

PHONE _____ EMAIL _____ t-shirt size: M ___ L ___ XL ___ XXL ___

ADDRESS _____

Arrival Date/Time _____ Departure Date/Time _____

Type of lodging preferred for coaches other than those staying in the cottages with the team members (Please specify number and type of rooms needed)

Coaches and chaperones are not to be on campus Tuesday. A tour is arranged. Do any from your group plan on attending the tour? YES ___ NO ___ # Attending ___

Do any of your participants have special dietary needs? YES ___ NO ___

NAME(s) _____

Type of vegetarian: Vegan ___ Lacto-ovo? ___ Other _____

Will your team be attending the Sunday Bar-B-Q? YES ___ NO ___ # Attending ___

Who should your travel reimbursement check be made out to?

Name _____

Address _____

LOCAL MEDIA CONTACTS

It is preferred that all news releases go through one state or county contact person if possible, please provide the name and contact information of that individual below.

STATE _____

CONTACT PERSON _____

TELEPHONE _____ EMAIL _____

ADDRESS _____

STATE _____ ZIP _____

Additional Media Contacts:

Please list the full publication name, mailing address, fax number and e-mail (preferred) of your local paper, magazines, or state 4-H newsletter if you would like us to send them a news release and picture of your team. We prefer to send these news releases electronically...so if possible, **be sure you get EACH media contact's e-mail address and write it on the form.**

1. _____

2. _____

FAX _____

FAX _____

E-MAIL _____

E-MAIL _____

3. _____

4. _____

FAX _____

FAX _____

E-MAIL _____

E-MAIL _____

PLEASE RETURN ENTIRE REGISTRATION FORM NO LATER THAN JULY 1

To: Dave Jackson, Penn State Cooperative Extension, 420 Holmes Avenue, Willowbank Building Room 322, Bellefonte, PA 16823,
E-mail: drj11@psu.edu
Fax: 814-355-6983