



National 4-H Forestry Invitational Intent to Participate Form Preliminary Registration

State/Territory _____

____ WILL PARTICIPATE _____ WILL OBSERVE

____ WILL NOT PARTICIPATE**

CONTACT PERSON:

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____

E-MAIL _____

** If your state will not participate, please take a moment to let us know the reason in the space below.

If you have already selected your state forestry team and know the coach's name and address, please list it below:

Coach's Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____

E-MAIL _____

PLEASE RETURN COMPLETED FORM BY MAY 30 TO

Penn State Cooperative Extension, Willowbank Building Room 322
420 Holmes Avenue, Bellefonte, PA 16823, e-mail to drj11@psu.edu

Questions?? Contact Dave Jackson @ 814-355-4897