

## **Extension Center for 4-H Youth Development Alternative Transportation Form**

Use this form when a 4-H member is traveling to or from a 4-H event and not with the county group. It should be completed by the parent/guardian of the youth traveling in a motor vehicle with an individual who is not their parent/guardian.

First name o	of 4-H'er:		Las	st name of 4-H'er:	
Birthdate: _		Age:	County:		
Event:					
Date(s) of ev	vent:				
Mark all tha	at apply:				
and that my	•	itted to drive d	uring the event, once	•	e collected by the event coordinator, arked in the designated location. My
	auto liability insurance.				unction. My child has a valid driver's ission has been obtained from their
function. I u		d stops they w	ill be making. I under		vill be driving to/from the above 4-H e will be in the automobile with my
My child	l will arrive at a differer	nt time than the	e county group to the	above 4-H function. App	roximate date and time of arrival:
•	l will leave at a differen e person listed below (p			he above 4-H function. Th	ney will be picked up at the time listed
Time	Name		Relationship	Phone	Vehicle Make/Model/Color

form.			
Parent/Guardian printed name	Parent/Guardian si	Parent/Guardian signature  County office contact signature	
County office contact aware of arrangem	ent County office conta		
County office contact phone number	Driver phone number	Parent/Guardian pho	one number
Comments from parent/guardian or cou	nty Extension staff:		

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