

PROGRAM FEE FORM

This form must be completed by all clubs. Return it to the Solano County UCCE Office with one check made payable to *Solano County 4-H* for your program fees.

Name of Club: _____

Name of Community Leader: _____

Street Address: _____

City: _____ Zip Code: _____

Phone: (707) _____

Number of All Adult Leaders at \$8 each: _____ \$ _____

Number of All Youth Members at \$16 each: _____ \$ _____

TOTAL DUE: \$ _____

Signature of Community Leader: _____

Date: _____

PAID MEMBERS & LEADERS FOR 2009-2010

Name of Club: _____

Please **ALPHABETICALLY PRINT OR TYPE** the names of 4-H members/leaders who have paid the program fee.

MEMBERS

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____
- 7 _____
- 8 _____
- 9 _____
- 10 _____
- 11 _____
- 12 _____
- 13 _____
- 14 _____
- 15 _____
- 16 _____
- 17 _____
- 18 _____
- 19 _____
- 20 _____
- 21 _____
- 22 _____
- 23 _____
- 24 _____
- 25 _____

LEADERS

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____
- 7 _____
- 8 _____
- 9 _____
- 10 _____
- 11 _____
- 12 _____
- 13 _____
- 14 _____
- 15 _____
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- 20 _____
- 21 _____
- 22 _____
- 23 _____
- 24 _____
- 25 _____