



SUBSTITUTION FORM

County: _____

Date of Substitution: _____

Name of District 1 4-H Contest _____

Name of 4-H member registered for contest: _____

Name of substitute: _____

As County Extension Agent, I verify the academic eligibility and qualification of the substitution.
Any registration fee reimbursement will be done at the county level.

Signature of CEA

Panhandle District 1 Office

North Region

6500 Amarillo Blvd. West
Amarillo, Texas 79106
Phone: (806) 677-5600
Fax: (806) 677-5644



For Contest Official Use Only

Approved

Date