Name: ________________________                               Date:_______

Email:_______________________________                  Phone:____________________

County:____________________

Have you participated in Summit before:   YES ☐        NO ☐
If yes, what year: __________________

Questions:

1. Why do you want to be a part of the Arizona 4-H Summit youth planning committee?

2. What ideas do you have for the Arizona 4-H Summit?

3. Are you interested in photography and/or social media?

   YES ☐        NO ☐

   If yes, why?

4. By checking “yes” below, I understand that I will be responsible for attending monthly required meetings. These meeting will take place on the 3rd Thursday of each month starting on February 16th.

   YES ☐        NO ☐

   Dates will be February 16th, March 16th, April 20th, and May 18th at 6:00pm.
Applicant Signature: ______________________________ Date: ___

Parent Signature: ______________________________ Date: ___

County Professional Signature: ______________________________ Date: ___