

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: _____