STATE EVENT PREMIUM REPORT FORM

Member Name: _____

Club Name: _____

This form must be filled out completely and returned to the Brown County 4-H Office to qualify for the $5 State Event Participation. Maximum premium will not be more than $50.

NOTE: This premium will cover all State Event Participation.

Event Date	Class Description

_____ _____

4-H Member's Signature ***Date***

_____ _____

Parent's Signature ***Date***

<u>Deadline</u> for returning this completed form for State Fair Premium is Monday, September 28, 2026