

# Adult Delegates Registration Form

The number of Adult leaders that can attend is based on the total number of youth attending from your county:

**3 or less youth**, one Adult leader plus the 4-H Agent or Program Associate.

**4 or more youth**, two Adult Leaders plus the 4-H Agent or Program Associate.

An Adult Leader cannot take the place of the 4-H Agent or PA if they are not attending.

**AGENT** \_\_\_\_\_ **PROGRAMASSISTANT** \_\_\_\_\_

County \_\_\_\_\_

Name: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Previously attended Electric Congress: No \_\_\_\_\_ Yes \_\_\_\_\_

Please list any special needs that may need to be addressed:

Room accommodations (Please be specific, i.e. Handicap access, etc.)

Special diet:

Medication:

## **VOLUNTEER LEADERS (TWO MAXIMUM PER COUNTY)**

### **Volunteer One**

Name: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Previously attended Electric Congress: No \_\_\_\_\_ Yes \_\_\_\_\_

Please list any special needs that may need to be addressed:

Room accommodations (Please be specific, i.e. Handicap access, etc.)

Special diet:

Medication:

## Volunteer Two

Name: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Previously attended Electric Congress: No \_\_\_\_\_ Yes \_\_\_\_\_

Please list any special needs that may need to be addressed:

Room accommodations (Please be specific, i.e. Handicap access, etc.)

Special diet:

Medication: