

**Jefferson County 4-H Alliance**  
**Application for State Fair 4-H Expenses**

**Due September 1 in the 4-H Office**  
**Late Applications will not be accepted**  
**15200 W. 6<sup>th</sup> Ave., Unit C, Golden, CO. 80401-5018**

4-H Participant Name: \_\_\_\_\_

4-H Event or reason for trip: \_\_\_\_\_  
 \_\_\_\_\_

Date (s) \_\_\_\_\_  
 Date (s) \_\_\_\_\_

The following assistance will be made available for 4-H members or leaders, if monetarily possible, **who represent** (have been chosen or chose to actively participate at State Fair) **Jefferson County 4-H at the Colorado State Fair**. The 4-H Alliance **cannot** pay for other family member's expenses.

Please fill in below the financial assistance you are requesting: multiply the dollar amount X the number of trips, meals (during participation) and nights. Attach receipts when possible.

	Transportation	Meals	Lodging
Rates: →→→→→→→→	Car-\$ 25, Pickup w/ trailer or other-\$ 35 (per round trip)	B-\$3 X ____ #    L-\$4 X ____ #    D-\$5 X ____ #	\$5 per night X ____ #
Totals: →→→→→→→→	\$ _____	\$ _____	\$ _____

Other Expenses included:

- Parking: \$ \_\_\_\_\_
- Entry fees: \$ \_\_\_\_\_
- Gate cost: \$ \_\_\_\_\_
- Stable fees: \$ \_\_\_\_\_
- Chaperone fees: \$ \_\_\_\_\_
- Other: \$ \_\_\_\_\_
- (please list) \_\_\_\_\_

Check payable to: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_

<b>For Alliance Use Only</b>	
Totals:	\$ _____ \$ _____ \$ _____
Sub total:	\$ _____
Additional:	\$ _____
Total paid:	\$ _____
Check number:	_____ Date: _____