

**Panola ALPA
Sponsorship Request Form**

Date of Request: _____

4-H Member's Name: _____ 4-H Club: _____

Parent Name and Phone Number: _____

State/Major Event: _____

Date(s) of Event: _____

Parent Signature

4-H Member Signature

Please Note: The sponsorship request of \$50 will only be fulfilled once per student per 4-H calendar year, which is September 1 - August 31. This sponsorship is only for those projects entered thru 4H and allowing 2 weeks notice upon request.

***** **For Office Use Only** *****

Status: _____ Approved _____ Denied

ALPA Board Member Signature

ALPA Board Member Printed Name

Date

Check Number