|  |  |  |  |
| --- | --- | --- | --- |
| DivLogoSep2011 | **Annual Request for Official Approval of a 4-H Unit, Certification of Nondiscrimination, and Permission to use 4-H Name and Emblem** | **cloverstar** | PCT-14Rev. 4-15-2025 |
|  |
|  |
| Name of Group |       | EIN Number: |       |
|  |
| Type of Group: (4 – H Club, 4 – H Special Interest Group, county 4 – H Leader’s Council, etc.) |
|  |
|       |
|  |
| Purpose of Group |       |
|  |
|   |       |
|  |
|  |       |
|  |
| This is to certify that the above named 4-H Unit is open to all eligible persons regardless of race, color, sex, national origin, religion, age, disability, marital or veteran status, genetic information, sexual preference, pregnancy, or any other legally protected status and UADA is an equal opportunity institution. This is to certify that the above named 4-H unit is not a single-family group. |
|  |
| Volunteer leader or other person in charge of 4 – H Unit (print name) |       |
|  |
|  |       |  |
| Signature |  | Date |       | County |       |
|  |  |
| E-Mail: |       | Phone #: |       |
|  |  |
| Address: |       |
|  |  |
| City: |       | State: |       | Zip: |       |
|  |  |
|  |
|  |
|  |  |  |
|  | **Official Approval for 4-H Unit** |  |
|  |  |  |
|  | On the basis of the above purpose(s), the |       |  |
|  |  |  |  |
|  | Is authorized to use the 4-H name and emblem in connection with its program and activities and is considered an official 4-H unit of the Cooperative Extension Service. |  |
|  |  |  |  |
|  | County Extension Agent – Staff chair |       |  |
|  | (Print name) |  |  |
|  |  |  |  |
|  |  |  |  |
|  | County Extension Agent – Staff chair |       |  |
|  | (Signature) |  |  |
|  |  |  |
|  | Date |       | Enter County |       |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |