



Bastrop County 4-H
 15 American Legion Dr. | PO Box 650 | Bastrop, Texas 78602
 Phone: 512-581-7186 | Fax: 512-581-7187



4-H JACKET APPLICATION

DATE TURNED IN AT CEO: _____

General Information:

Name: _____ **Nickname:** _____
4-H Club: _____ **# Years in 4-H:** _____
Parent Cell #: _____ **Applicant Cell #:** _____
Email Address: _____ **Birth Date:** _____

Age Category:

- Junior, 3rd-5th Grade** (8 and in 3rd Grade, 9-10 years old as of August 31st)
- Intermediate, 6th- 8th Grade** (11-13 years old as of August 31st)
- Senior, 9th-12th Grade** (14-19 years old as of August 31st)

Jacket Size:

- | | | | |
|------------------------------------|-----------------------------------|-------------------------------------|------------------------------------|
| <input type="checkbox"/> Ladies XS | <input type="checkbox"/> Men's XS | <input type="checkbox"/> Ladies L | <input type="checkbox"/> Men's L |
| <input type="checkbox"/> Ladies S | <input type="checkbox"/> Men's S | <input type="checkbox"/> Ladies XL | <input type="checkbox"/> Men's XL |
| <input type="checkbox"/> Ladies M | <input type="checkbox"/> Men's M | <input type="checkbox"/> Ladies XXL | <input type="checkbox"/> Men's XXL |

At What District or State Event(s) did you place 1st?

Certification:

By signing below, I certify that the above activities were completed by this 4-H member.

4-H Club Member Signature: _____ **Date:** _____

Parent or Guardian Signature: _____ **Date:** _____