

Kewaunee County 4-H Livestock Clinic and Badger Dairy Camp Reimbursement Form

Name of parent/guardian: _____

Who should the check be written out/returned to: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Youth Name (that attended Badger Dairy Camp/ Livestock Clinic)	Event	Cost of the event to the participant (this amount should not include portions of the trip that have already been paid for you by the leader's association, club, project, or other similar funds)
Example: Chris Clover	Badger Dairy Camp	\$115.00
Total Amount Spent:		

For Treasurer's Use	
Approved By: _____	Amount Reimbursed: _____
Date Reimbursed: _____	Check Number: _____