

4-H on Parade 2022 Accreditation Form / ID Tags



Please provide us with **accurate information**. (i.e. *complete contact information for an adult responsible 24/7*) **Members cannot use their own cell number.**

If a member is not wearing their ID he/she will be disqualified from the show ring. ID tags are to be worn at all times, exceptions can be discussed at the show office prior to the member's show. If the member loses their ID, it is important they go to the Show Office to be reissued a new one.

ID Tags must be worn and visible at all times!

Every member in the Calgary Region attending 4-H on Parade (as well as Cleaver Kids), MUST be listed on the completed club excel document.

\$5.00 Entry Fee per member (1 Cheque per Club) Please make cheque payable to *Calgary Regional 4-H Council*

Entry Deadline & Requirements: April 1st, 2022

- 1. Club cheques must be postmarked by *April 14th*, 2022 or e-transfer received by *April 14th*, 2022
- 2. Completed Club Master Registration emailed to <u>calgaryregional4hcouncil@gmail.com</u> no later than *April 1st, 2022*
- 3. Please send the signed accreditation form with your club cheque to:

Calgary Regional 4-H Council Box 10575 Stn M Airdrie, AB T4A 0H8

4. All Calgary Stampede Exhibitor Agreement Forms are due on April 25th, 2022 at the 4-H on Parade Meeting and must be received in order to pick up your club's parking passes.

Club Name: _____

__ Members x \$5.00 = \$_____

The Members listed on this form are 4-H Members in good standing and have completed a Stampede Exhibitor Agreement Form

Signature of Leader

E-mail Address

Print Leader's Name

Phone Number & Cell Number

Please send this page (only this signed page!) with your club cheque. Club payment can also be made by etransfer to <u>calgaryregional4hcouncil@gmail.com</u> and this form emailed.





Cleaver Kid **(CK)** birth years <u>2014-2015</u> Intermediate **(Int)** birth years <u>2008-2010</u> Junior (Jr) birth years <u>2011-2013</u> Senior (Sr) birth years <u>2002-2007</u>

CLUB NAME:

Member's Name	Age Category (please circle)	Adult Responsible	Cell Phone Contact # (do not use member's cell #)	Medical Conditions
	CK/Jr/Int/Sr			
	CK/Jr/Int/Sr	1/C		
- VV	CK/Jr/Int/Sr	KS		-
	CK/Jr/Int/Sr			