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Cooperative Extension Service

Lafourche Parish
115 Texas Street
Raceland, LA 70394
Phone: 985/446-1316
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Verification of School Event

This is to verify that _____ will be participating in the
(4-H Member)

following school-related event on _____ between the hours of
(Date of Event)

_____ and _____ : _____
(start time) (end time) (School-related Event)

Signature: _____
(School Administrator or Club Leader)

School: _____

*This form must be submitted to the 4-H Office prior to the date of the 4-H event occurring on the same date as the abovementioned activity.