



Contact: Kathleen Lodl State 4-H Program Administrator (402) 472-3990 114 Ag Hall UNL East Campus Lincoln NE 68583-0700

REQUEST FOR APPROVAL OF USE OF 4-H NAME AND EMBLEM

Name of Group:			
Type of Group:			
4-H Club	☐ School Enrichment	☐ Special Interest	☐ Vendor
4-H Leader	4-H Council	Extension Board	
Purpose of Request:			
☐ To establish a continuing 4-H support function including securing funds and other resources for county-wide 4-H program.			
☐ To establish a 4-H community calendar that will be distributed to 4-H families and friends.			
Other (please describe)			
**Please be sure to include a copy of the graphic with your request.			
Volunteer leader or other person in charge of the 4-H unit:			
Name _			
Address _			
City _		State	Zip
Telephone			
OFFICIAL APPROVAL On the basis of the above purpose(s), the above named person or group is authorized to use the 4-H name and emblem in connection with its program and activities as an official 4-H unit of Cooperative Extension for one year from the date indicated below.			
Date of approva	Signature of	State 4-H Program Adm	inistrator



Extension is a Division of the Institute of Agriculture and Natural Resources at the University of Nebraska–Lincoln cooperating with the Counties and the United States Department of Agriculture.

The 4-H name and emblem is protected by Public Law 772-80th Congress, Chapter 645-2d Session.