

Contact: Elizabeth Birnstihl  
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 \_\_\_\_\_

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### 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 approval

\_\_\_\_\_  
Signature of State 4-H Program Administrator

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