

Santa Cruz County 4-H Program Fee Worksheet

Club Name _____

Leader Name _____

Phone # _____

E-mail Address: _____

Signature: _____

Date: _____

of Registered Members _____ X \$ = _____

of Registered Leaders _____ X = _____

Check # _____ TOTAL = _____

Make checks payable to: *Santa Cruz County 4-H Club Council*

Mail to:

**UCCE – 4-H Office,
1432 Freedom Blvd.
Watsonville, CA 95076**