For Office Use Only
Date Received:_____
By:_____

Posted on 4-H Online_____

DROP OUT OF 4-H

Please return this form to the Extension Office

Date of Request:

Name: _____ **Club**: _____

please print

Reason for leaving the program:

_____ _____ _____

Signature of Member Signature of Advisor Date

For Office Use Only
Date Received:_____
By:_____

Posted on 4-H Online_____

DROP OUT OF 4-H

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Name: _____ **Club**: _____

please print

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_____ _____ _____

Signature of Member Signature of Advisor Date