

COUNTY EXTENSION AGENT RESPONSIBILITY FORM

This form was developed to ease communications in case of an emergency or the need for disciplinary action during the event. It must be completed and submitted with the County's registrations **even if** a County Extension Agent will be accompanying the county's 4-H members to the event. This change was put into effect on 1/14/03 in order to ensure that we have the necessary contact information in the case that an emergency occurs and the accompanying agent is not available at the time or is involved in the emergency. (Keep in mind that most events take place on a weekend.)

Event: _____

Event Dates: _____

Event Location: _____

County: _____

Listed below are the person(s) to be contacted from our office in case of an emergency or the need for disciplinary action. Please contact them in the order in which they are listed.

Name: _____ Title: _____

Daytime Phone: (____) _____ Nighttime Phone: (____) _____

Name: _____ Title: _____

Daytime Phone: (____) _____ Nighttime Phone: (____) _____

Name: _____ Title: _____

Daytime Phone: (____) _____ Nighttime Phone: (____) _____

Name: _____ Title: _____

Daytime Phone: (____) _____ Nighttime Phone: (____) _____

Signature of Person Completing this Form: _____