

*This completed form must be attached to all entries submitted.*

## Georgia 4-H Foundation Holiday Card Contest

Cloverleaf ( ) Junior ( ) Senior ( )

NAME \_\_\_\_\_

AGE \_\_\_\_\_ PHONE # \_\_\_\_\_ / \_\_\_\_\_

ADDRESS \_\_\_\_\_

STREET, APARTMENT OR P. O. BOX

\_\_\_\_\_

CITY, STATE, ZIP CODE

DISTRICT \_\_\_\_\_ COUNTY \_\_\_\_\_

SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

SIGNATURE OF COUNTY AGENT \_\_\_\_\_  
(Must be signed by agent or county staff)