



4-H Food Booth Charge Application

Date: _____
Deposit Amount: \$ _____
Cash or Check ck# _____ (Circle one)

Please print neatly.

NAME OF APPLICANT: _____
(This person must be 18 years of age or older)

CLUB NUMBER: _____

CLUB NAME: _____

ADDRESS OF APPLICANT: _____
Mailing Address (Street, PO Box)
_____, **ID** _____
City Zip

PHONE NUMBER: _____

EMAIL: _____

NAMES OF OTHER PERSONS THAT **WILL BE ALLOWED TO CHARGE ON THIS ACCOUNT:**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I recognize that I am responsible for all charges made on this account and agree to pay the bill for these charges to the Minidoka County 4-H Leaders Association.

*These charges are due and payable before November 1st of the current year. If these charges are not paid by November 1 of the current year then **\$20.00** will be added to the due amount for every month until it is paid in full.*

SIGNATURE (required) _____ Date _____