NEW ENGLAND 4-H PROGRAM AT EASTERN STATES EXPOSITION
DORMITORY MEAL ONLY REGISTRATION FORM
FOR NON-CHAPERONES, LEADERS, AND PROGRAM ASSISTANTS

STATE: _____
Year: 20_____

List boys, girls and
Leaders separately and
Alphabetically!

USE SEPARATE SHEET
FOR EACH ACTIVITY

DESIGNATE MEALS
B for breakfast
D for noon meal
S for evening meal

4-H DAY _____
4-H HORSE _____
4-H BEEF _____
4-H DAIRY _____
4-H GOAT _____
4-H SHEEP _____
4-H DOG _____
NEW ENGLAND CENTER _____
WORKING STEER _____
4-H DAIRY JUDG. _____
4-H DAIRY QUIZ BOWL _____

KEEP A COPY FOR YOUR RECORDS

Please denote participants
With special diet requirements and requests.

Name	Mailing address	City	Telephone w/area code	Age	Sex	Date & time of arrival	First expected Meal	Last expected Meal

Must be received by August 31

Eastern States Exposition
Agricultural and Education Office
1305 Memorial Avenue
West Springfield MA 01089

500 5/99

NEW ENGLAND 4-H PROGRAM AT EASTERN STATES EXPOSITION
DORMITORY OVERNIGHT REGISTRATION FORM
FOR CHAPERONES, LEADERS, AND MEMBERS
CONTINUED

Name	Mailing address	City	Telephone w/area code	Age	Sex	Date & time of arrival	First expected Meal	Last expected Meal

500 5/99