

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)