Georgia 4-H Transportation Form for <u>DEPARTURES</u>

For use on out-of-county activities and events when transportation is organized by County Extension Office, yet the 4-H'er is departing separate from county organized transportation.

4-H'er Name	County		Age	
Activity/Event	Date(s) of Act./Event	End Time .		AM/PM
PLEASE INITIAL BY THE APPRO	DPRIATE SELECTION FOR TRANSPORTATION	METHOD		
	sion for my child to drive him/herself. By my initial		/ child h	as a valid
DRIVING SELF & OTHERS: I giv	ve permission for my child to drive him/herself and the	he following 4-=	, and	
o de la companya de	their parents/quardians:	9		
	By my initials I certify that m			
auto liability insurance.				
RIDING WITH ANOTHER 4-H'E	ER/ADULT			