



**OBSERVER REGISTRATION FORM
NATIONAL 4-H FORESTRY INVITATIONAL**

STATE _____

CONTACT PERSON _____

TELEPHONE _____ E-MAIL _____
(include area code)

CITY _____ STATE _____
ZIP _____

IF YOU HAVE MORE THAN ONE OBSERVER ATTENDING, FILL OUT ONE FORM FOR EACH OBSERVER.

OBSERVER INFORMATION (Please give complete address, etc.)

NAME _____ M ___ F ___

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ E-MAIL ADDRESS _____
(include area code)

OBSERVER'S T-Shirt Size (Circle) M L XL XXL

ARRIVAL DATE/TIME _____

DEPARTURE DATE/TIME _____

Does the Observer need a ride from the Clarksburg airport? ___ YES ___ NO

IS THE OBSERVER A VEGETARIAN? ___ YES ___ NO

WHAT TYPE OF VEGETARIAN? VEGAN? ___ LACTO-OBO? ___

OBSERVER WILL ATTEND THE SUNDAY BAR-B-Q ___ YES ___ NO

**PLEASE RETURN NO LATER THAN JUNE 14, 2004 to: Bob Hansen, National 4-H Forestry Invitational, P.O. Box 69, 701 S. Fourth St., Towanda, PA 18848
You can fax this form to: Bob Hansen; 570-265-4371**