



Montcalm County 4-H Accommodation Review

Name of person needing accommodations: _____

Role: 4-H Youth _____ 4-H Adult Volunteer: _____ Other: _____

If other, explain: _____

4-H Club: _____

4-H Event or activity: _____

Accommodation(s) requested: _____

Accommodation(s) approved: _____

Reviewed/approved by:

Date: _____

MSU – Extension 4-H Program Coordinator signature: _____

4-H Event/Activity Coordinator signature: _____

Fairboard President signature: _____

Fair Association Area Superintendent: _____

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