

SUBSTITUTION FORM

County: \_\_\_\_\_

Date of Substitution: \_\_\_\_\_

Name of District 1 4-H Contest \_\_\_\_\_

Name of 4-H member registered for contest: \_\_\_\_\_

Name of substitute: \_\_\_\_\_

As County Extension Agent, I verify the academic eligibility and qualification of the substitution.  
Any registration fee reimbursement will be done at the county level.

\_\_\_\_\_  
Signature of CEA

**Panhandle District 1 Office**

**North Region**

6500 Amarillo Blvd. West  
Amarillo, Texas 79106  
Phone: (806) 677-5600  
Fax: (806) 677-5644



For Contest Official Use Only

\_\_\_\_\_  
Approved

\_\_\_\_\_  
Date