

Driving Permission for Youth Members (For all State and National Events based locally)

Name: _		Age:	
Event: _		Event Date: County:	
Location	n: County:		
I unders	tand and confirm that: (please initial by each)		
– a	I have at least 6 months' worth of driving experient accumulated under my learner's permit is not counted)	ce as a licensed driver (time	
_	I have a clear driver's record with no violations or accidents I will not transport any other 4-H members to/from this 4-H event I will need to turn in my keys to the Event Coordinator once I arrive to the event (they will be returned to me after event ends)		
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Ē	I have read and understand the 4-H Transportation Events	Policy for State/National	
N	Member Signature	Date	
F	Parent/Guardian Signature	Date	
	4-H Professional	. <u>————————————————————————————————————</u>	