



2014 4-H Food Challenge Registration Form

Contest Date: **Tuesday, November 18, 2014**

Location: **Travis County Extension Office – unless otherwise noted**

Cost: **\$10.00 per team**

Please list your team below (*a team consists of 3-5 members and all must be within the same age division: 8-10 year olds, 11-13 year olds and 14-18 year olds and all ages are as of August 31, 2014*)

Team Name: _____

Team Captain: _____ **Age:** _____

Team Member 2: _____ **Age:** _____

Team Member 3: _____ **Age:** _____

Team Member 4: _____ **Age:** _____

Team Member 5: _____ **Age:** _____

Email: _____

4-H Club: _____ **Phone Number:** _____

Please mail completed form and payment of \$ 10.00 by **November 13, 2014** to:

Travis County Extension Office
Attn: John Riegler
1600 B Smith Road
Austin, TX 78721

I attest we have read the Rules and Guidelines, including the Supply Box list for the Food Challenge.

Team Captain signature: _____

Parent Signature: _____

CEA or AST: _____

Cooperative efforts of Travis County and the Texas A&M AgriLife Extension Service have made the Travis County 4-H program possible. Educational programs of the Texas A&M AgriLife Extension Service and the Prairie View A&M University Cooperative Extension Program are open to all people without regard to race, color, religion, sex, national origin, age, disability, genetic information, or veteran status. The Texas A&M University System, U.S. Department of Agriculture and the County Commissioners Courts of Texas Cooperating.