

## CLERMONT COUNTY 4-H CLUB TRANSFER REQUEST

Member/Volunteer Name \_\_\_\_\_ Date \_\_\_\_\_

Present 4-H Club \_\_\_\_\_

New 4-H Club \_\_\_\_\_

Reason for requesting a change of 4-H Clubs:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Member's signature

\_\_\_\_\_  
Parent/Guardian signature

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**Approval of Transfer: (Must be signed by both advisors)**

\_\_\_\_\_  
Organizational Leader Signature – Present Club

\_\_\_\_\_  
Date Approved

\_\_\_\_\_  
Organizational Leader Signature - New Club

\_\_\_\_\_  
Date Approved

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**Denial of transfer: (if any one of the above leaders signs below, the transfer will not occur)**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Denied

Leader's reason for denial:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Request of Club Transfer must be submitted by March 1.

