

# 4-H ONTARIO TRAVEL SUBSIDY FORM



To: 4-H Ontario  
 Attn: Senior Manager, Programming  
 111 Main Street North, P.O. Box 212  
 Rockwood, ON N0B 2K0  
 Fax: 519-856-0515  
 Email: programming@4-hontario.ca

Travel reimbursement approvals will be made on a first-come, first-serve basis by 4-H Ontario staff. Members will be informed of approval amounts in conjunction with confirmation of registration for the program. Within thirty (30) days of attending the program, submission of receipts / documentation is mandatory for 4-H Ontario staff to validate and process reimbursement. For full details of the policy and potential reimbursement allocations, see 4-HOntario.ca.

**Note:** Please include this Travel Subsidy Form with the Program Registration Form for consideration (first come, first serve)

4-H Association:		
Provincial Program:		
Participant Name:		
Parent / Guardian:		
Full Civic Address:		
Phone Number:	(    )	Email:

In reference to policy O-M-14, I wish to apply for consideration of Travel Reimbursement through 4-H Ontario:

<b>Total return travel distance</b> <i>(km):</i>	
<b>Total estimated cost of travel at time of registration submission:</b>	
<b>Outline or attach research to show you have determined the most economical means of travel:</b> <i>(ie., websites researched, calls made, air travel / car travel quotes, etc.)</i>	
<b>Outline how you plan to share this experience with other Members upon your return:</b>	
<b>Statement agreement:</b> <i>(Please check)</i>	
<input type="checkbox"/> I am not receiving additional financial support through my 4-H Association or any other sources.	

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Dated:

\_\_\_\_\_  
Signature of Parent/Guardian  
*(if Participant is under 18 yrs of age)*

\_\_\_\_\_  
Dated:

\_\_\_\_\_  
Print Name

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