

How would you like the plate to read? (4 lines only)

Name: _____

Club/ _____
Leadership Role

Line 3: _____

Line 4: _____

Choose one or more:

Amount

- Camp Riverside \$ _____
- Scholarships \$ _____
- Trips or Camps \$ _____
- Name specifically: _____
- Fair Food Stand \$ _____
- Youth Association \$ _____
- Leaders Assoc.
General Fund \$ _____
- Other \$ _____

Name specifically

Total \$ _____

Please fill out one form for each person's memorial plate you wish to purchase.

Price per plate: minimum:
\$100

Please make checks payable to:

Sheboygan County
4-H Leaders Association

Please mail form and check to:

UW Extension
Wall of Honor
5 University Drive
Sheboygan, WI 53081

SHEBOYGAN
COUNTY
4-H

MEMORIAL
WALL OF
HONOR



THIS WALL WAS CREATED
WITH THE INTENT TO
HONOR DECEASED
MEMBERS AND LEADERS
OF THE SHEBOYGAN
COUNTY 4-H PROGRAM

All applications are due
August 1 and will be
reviewed once per year.

Memorial Plate will be
created based on information
you provide with this
application.

New Plates will be created
and first displayed at the next
year's County Fair, in the
4-H Youth Building.

Only one plate will be
created per name of honoree.

Name(s) of person(s)
purchasing the Wall of Honor
plate.

Name of main contact person
(who should we contact for
further information):

Address of contact person:

Phone number of contact person:

Please fill out this portion as
accurately as possible.

Name of Honoree:

_____ Member in Sheboygan Co.
_____ Leader in Sheboygan Co.
_____ Both

Years in 4-H
(to your knowledge)

19____ to 19____ or 20____

Please give a little background on this
honoree's service in 4-H
(i.e. Project Leader in what area,
General Leader, member of which
4-H club):
