



*KanOkla Networks
Promoting 4H/FFA
\$25 Participation Award*

Date: _____

Name: _____ 4H/FFA Chapter Name: _____

Parents Name: _____ **KanOkla Exchange Phone #:** _____

Address: _____

Project/Event: _____

Details of project/event and why selected.



Date Started: _____

Date Completed: _____

4H/FFA Leader Signature: _____

- Only one premium paid per year to 4H/FFA participant.**
- Application due to KanOkla Networks by October 1st.**
- Parent or Guardian must be a KanOkla Landline Member**

*Mail to:
KanOkla Networks
Attn: Kim
PO Box 111
Caldwell, KS 67022-0111*