



4-H Food Booth Charge Account



Names (Parents): _____

(Kids): _____

**** Make sure to list all kids that will be charging food to your account****

Address: _____

Cell Phone(s): _____ Check Number: _____

Instructions, Terms and Conditions:

-Make check out to **Wells County 4-H Council** leaving the amount blank.

-Accounts will be finalized after the fair.

-It is **not** the food booth or Extension Office's responsibility to monitor how much is charged to your account. **It is up to the parents to be responsible for how often and how much their children charge.** Only the people listed above will be able to charge.

-The food booth will keep a running total on each charge account and whoever makes the purchase will need to sign for each purchase.

-Accounts **must** be set up prior to the fair; they **will not** be able to be opened at the fair.

-Checks and form are due back to the office by **May 30.**

I have read and agree to the above instructions, terms, and conditions.

Signature: _____ Date: _____