## OZAUKEE COUNTY 4-H LEADERS ASSN DEPOSIT FORM

				For: (Circle Account)
Date:			_	Fundraiser:
Deposit submitted by:				Camp:
				Bus
Name/4-H Group:				Camp Fees (WC) Training Counselors/Staff Camperships
Addross				
Address:				
City/State/Zip:				
Dhana. ( )				County Fair:
Phone: _()				Activities
FROM	CASH	Check #	Check Amt	Supplies Parking
				Food Stand
				Ozaukee County Fairgrounds:
				Utilities
				Cleaning
				Snow Removal
				Buildings & Grounds
				Furnishings
				-
				Foundation: Specify:
				_ эреспу.
				Project – NAME:
				Introductory
				Equipment
				Supplies
				Educational Experience:
				Trip-NAME:
				Program/Event-NAME:
				Training-NAME:
				Professional Services:
				PROFESSION:
				4
				Haunt: Equipment
				Supplies
				Specify:
				Activities & Awards:
			1	Leaders Banquet Youth Leader Awards
			1	Variety Show
				Softball
SUBTOTALS:	\$0.00		\$0.00	Dance
-				
		<b>A</b>		Miscellaneous Expense:
TOTAL DEPOSIT:		\$0.00		SPECIFY: