

**SOUTHEASTERN YOUTH FAIR  
AMBASSADOR RENEWAL APPLICATION**

This form is for returning Ambassadors only.  
Southeastern Youth Fair, PO Box 404, Ocala, FL 34478.

To renew your place in this program, you must register with your Club/Chapter no later than August 31st, and meet the requirements of this program.

All blazers will be returned to the Fair Office by May 31<sup>st</sup>. It is your responsibility to return your blazer on time.

Minimum unweighted GPA: 3.0 – attach a copy of your latest report card.  
(You must maintain this minimum GPA throughout the year. Grades will be checked.)

**PLEASE PRINT**

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_, FL ZIP: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ CURRENT GRADE: \_\_\_\_\_

4-H CLUB: \_\_\_\_\_ FFA CHAPTER: \_\_\_\_\_

PARENT/GURDIAN NAME: \_\_\_\_\_

PHONES: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

OFFICES HELD: \_\_\_\_\_

NUMBER of YEARS in 4-H \_\_\_\_\_ FFA \_\_\_\_\_ SOUTHEASTERN YOUTH FAIR \_\_\_\_\_

List the projects and events you intend to participate in at the upcoming Southeastern Youth Fair:

\_\_\_\_\_  
\_\_\_\_\_

I hereby request permission to participate in the Southeastern Youth Fair Ambassador Program. I have read and will abide by all the rules pertaining to this program as listed in the current SEYF Rules and Regulations Book.

**Exhibitor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I have agreed to allow this child to participate in the Southeastern Youth Fair Ambassador Program. I have read and will abide by all the rules and regulations as listed in the current SEYF Rules and Regulations Book. I understand that it is my responsibility to ensure that this child follows all the rules and regulations of the Southeastern Youth Fair.

**Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

This applicant is currently a member in good standing of my 4-H Club.

**Leader's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

This applicant is currently a member in good standing of my FFA Chapter.

**Advisor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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