



SCHOOL/4H ENTRY FORM

School/4H Club:		County:	
Teacher Contact Name:		Phone:	
Email:		Fax:	
School/4H Club Address:			
Number of Entries (circle one):		ONE	TWO
If available, number of additional entries requested: _____ (MDE will contact you concerning your request for additional entries.)			
Ideas for Prizes:			

Return to Christy Bujnovszky by October 6, 2025

at christy.bujnovszky@maryland.gov