



YOUTH LEADERSHIP ATTENDEE: Mail this, along with your completed medical form, to Mallory Hall at P.O. Box 754, Columbia, SC 29202. All forms must be received by the May 29, 2026 deadline.

SCHOOL OFFICIAL CERTIFICATION

I certify that the student named in this application is currently enrolled and in good standing at our school. To the best of my knowledge, they demonstrate good behavior, adhere to school policies, and exhibit a positive attitude toward learning and leadership. I recommend this student as a suitable candidate for the South Carolina Farm Bureau Youth Leadership Conference.

School Official Name: _____ Title: _____
Signature: _____ Date: _____

PARENT / COUNTY CERTIFICATION

I understand that my son/daughter is expected to represent our county Farm Bureau in a manner that will be upstanding. I expect my child to abide by the rules and guidelines established for the SCFB leadership event.

Parent Signature: _____ Date: _____
County Representative: _____ Date: _____