

Please return ASAP or by April 15th

LOCAL CLUB LEADERS & OFFICERS FOR _____
Year

Club Name _____

Club Leaders: (please indicated one leader to be major contact for club business)

Major Contact _____ Phone _____

Other Leaders _____ Phone _____

_____ Phone _____

_____ Phone _____

_____ Phone _____

_____ Phone _____

Adult Project Leaders:

_____ Project _____

_____ Project _____

_____ Project _____

_____ Project _____

_____ Project _____

_____ Project _____

_____ Project _____

Activity Leaders:

_____ Activity _____

_____ Activity _____

_____ Activity _____

_____ Activity _____

_____ CLUB OFFICERS

VERIFICATION OF OFFICER TRAINING COMPLETION

By the check mark I verify that the 4-H member has been instructed in parliamentary procedures and/or the duties of their respective office within the club for this year.

Signed: _____

Adult Leader

(member)

(check here)

President _____

Vice President _____

Secretary _____

Treasurer _____

News Reporter _____

Health & Safety Leader(s) _____

Song Leader(s) _____

Recreation Leader(s) _____

Additional Officers

_____ Title _____

_____ Title _____

_____ Title _____