SUSSEX COUNTY 4-H REGISTRATION FORM

Name of Club: ________________________________

Club Meets: Place: ________________________________

Date: ________________________________

Time: ________________________________

Officers of Club:

President: ____________________________ Phone: ______________

Address: ________________________________

Vice President: ____________________________ Phone: ______________

Address: ________________________________

Secretary: ____________________________ Phone: ______________

Address: ________________________________

Treasurer: ____________________________ Phone: ______________

Address: ________________________________

Reporter: ____________________________ Phone: ______________

Address: ________________________________

Recreation Leader: ____________________________ Phone: ______________

Safety Chairman: ____________________________ Phone: ______________

Health Chairman: ____________________________ Phone: ______________

What monthly meeting would best suit for the 4-H Agent to visit your club? ______________