

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? _____