

4-H CLUB INFORMATION 20__ - __

Name of Club _____

Meeting Information

Day of Week _____ Week of Month _____ Time _____ Location _____

Organizational Leader _____

Phone _____ Email _____

Additional Leader to be listed on the Club List Document for distribution and the Web

Name _____ Phone _____ Email _____

Is your club a Traditional 4-H Club open to any project area or activity? _____

If YES, are there any specific projects you emphasize?

If NO, please briefly describe project areas and activities supported by your club:

Does your club actively offer Shooting Sports? _____

If YES, please list what discipline(s):

How would you like potential members to contact you about joining your club?

___ Phone Number

___ Email

Is your Club closed to new members?

___ Yes

___ No

Date Completed: _____

4-H CLUB LEADERSHIP 20__ - __

Club Name: _____ **Date Completed** _____

Officers

President: _____ Phone: _____ Email _____

V. President: _____ Phone: _____ Email _____

Secretary: _____ Phone: _____ Email _____

Treasurer: _____ Phone: _____ Email _____

Reporter: _____ Phone: _____ Email _____

Other Officers

Name: _____ Office: _____

Phone: _____ Email: _____

Name: _____ Office: _____

Phone: _____ Email: _____

Name: _____ Office: _____

Phone: _____ Email: _____

Name: _____ Office: _____

Phone: _____ Email: _____

Adult Project Leaders

Name: _____ Project: _____

Phone: _____ Email: _____

Name: _____ Project: _____

Phone: _____ Email: _____

Name: _____ Project: _____

Phone: _____ Email: _____

Name: _____ Project: _____

Phone: _____ Email: _____

Additional Project Leaders

Name: _____ Project: _____

Phone: _____ Email: _____

Name: _____ Project: _____

Phone: _____ Email: _____

Name: _____ Project: _____

Phone: _____ Email: _____

Name: _____ Project: _____

Phone: _____ Email: _____

Junior Leadership

Name: _____ Project: _____

Phone: _____ Email: _____

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Phone: _____ Email: _____

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