

4-H ORGANIZATION FORM

Club Name

Meeting Place

Date and Time

Multi Race Community Yes _____ No _____ Race by Percentage(%) White _____ Black _____ Hispanic _____ Other _____

LEADERSHIP TEAM:

NAME

PHONE

E-MAIL

Leader:

Co-Leader:

Project Leaders:

Activity Leaders:

Teen Leaders:

Parent Volunteers:

Please list your club goals for the year:

Club Goals:

1. _____

2. _____

3. _____

CLUB PROGRAM CALENDAR:

September _____

February _____

October _____

March _____

November _____

April _____

December _____

May _____

January _____

June _____

CLUB OFFICERS

Club: _____

Leader: _____

County Council Delegate: _____

County Council Delegate: _____

President: _____

Reporter: _____

Vice President _____

Recreation Leader: _____

Secretary: _____

Historian: _____

Treasurer: _____

Sgt. -at-Arms: _____

Parliamentarian: _____

Other: _____

**** When completed please turn into the 4-H Office so this form may be added to your club file.

