



Please return this completed form to your 4-H agent by 9/8/2023.

\_\_\_\_\_  
Club Name

\_\_\_\_\_  
Meeting Place

\_\_\_\_\_  
Meeting Date and Time

Multi-race community:  Yes  No Race by (%) White  Black  Hispanic  Other

**LEADERSHIP TEAM:**      Name                      Phone                      email or contact address

Leader: \_\_\_\_\_

Co-Leader: \_\_\_\_\_

Project Leader: \_\_\_\_\_

Teen Leader: \_\_\_\_\_

Activity Leader: \_\_\_\_\_

Parent Volunteers: \_\_\_\_\_

Club Focus or Theme for the year: \_\_\_\_\_

Club Goals for the year:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_



Club Program Calendar:

<b>Month</b>	<b>Meeting Date</b>	<b>Educational Focus</b>
September		
October		
November		
December		
January		
February		
March		
April		
May		
June		
July		
August		

Club Officers:

County Council Delegate: \_\_\_\_\_

County Council Delegate: \_\_\_\_\_

President: \_\_\_\_\_

Reporter: \_\_\_\_\_

Vice President: \_\_\_\_\_

Recreation: \_\_\_\_\_

Secretary: \_\_\_\_\_

Historian: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Sgt. At Arms: \_\_\_\_\_

Parliamentarian: \_\_\_\_\_

Other: \_\_\_\_\_

