

## **Club Organizational Form**

Please return this completed form to your 4-H agent by \_\_\_\_\_\_. 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:

<u>Club Program Calendar:</u>



Month	Meeting Date	<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: