

4-H Club: _____



Official Meeting Report



Date: _____

Total # of hours of community service
Conducted by 4-H members last month: _____

Total # of projects or activities
Completed last month: _____

Names of **leaders** conducting the meeting:

Name of **parents and adult visitors** attending the meeting:

Names of **non-enrolled visitors (age 5 – 19)** and **youth (age 0 – 4)** in attendance:

List demonstrations, discussions, talks, and exhibits:

Next meeting date: _____ Time: _____ Place: _____

Comments:

This report is submitted by: _____ Title: _____
Signature (Main Leader/Club Secretary)

Please mail, deliver, or fax this for to the Extension Office the day after your meeting.
The fax number is (479)394-8137 and the mailing address is:

Polk County Cooperative Extension Service
211 DeQueen Street
Mena, AR 71953

This form will determine qualification of meeting attendance by 4-H members (*Attendance Policy*.)

This meeting is open to all youth between the ages of 5 and 19 without regard to race, color, national origin, religion, gender or disability. Persons with disabilities who require alternative means for communication of program information (large print, audiotapes, etc.) should notify the county Extension office as soon as possible prior to the activity.

Sign -In Sheet

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