



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: _____

Names of **parents & 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: _____

Signature

Title (Main Leader/Club Secretary)

Please mail, deliver or fax this form 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

1		29	
2		30	
3		31	
4		32	
5		33	
6		34	
7		35	
8		36	
9		37	
10		38	
11		39	
12		40	
13		41	
14		42	
15		43	
16		44	
17		45	
18		46	
19		47	
20		48	
21		49	
22		50	
23		51	
24		52	
25		53	
26		54	
27		55	
28		56	

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.