2020 4-H Club Meeting Dates

4-H Club's Name: _____

This form is to be completed by the organization advisor of the club, signed and returned to the Mahoning County OSU Extension Office by March 15, 2019.

DATE	TIME	PLACE

This information is being submitted for the _____ 4-H Club by _____ organizational advisor of the club.

If there are Cloverbuds in your club, please list the name of the volunteer from your club that is the Cloverbud Advisor so that we can send the Cloverbud mailings to them:

Cloverbud Advisor: _____

_____