## 4-H Club Meeting Dates

## 4-H Club's Name:

$\qquad$
This form is to be completed by the organization advisor of the club, signed and returned to the Mahoning County OSU Extension Office by April $1^{\text {st }}$.

| DATE | TIME | PLACE OR ZOOM |
| :--- | :--- | :--- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

## Signature of Club Organization Advisor

## Date

This form is to be completed and returned to Mahoning County OSU Extension office by April $1^{\text {st }}$. OSU Extension, 490 S. Broad Street, Canfield 44406

