



Club Organizational Form

Please return this completed form to your 4-H agent by October 31.

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:

1. _____

2. _____

3. _____

Club Program Calendar:

Month	Meeting Date	Educational Focus
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: _____



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