

**LEAVENWORTH COUNTY 4-H CLUB ORGANIZATION REPORT FORM**

4-H CLUB/GROUP: \_\_\_\_\_ DATE OF ELECTION \_\_\_\_\_

PRESIDENT \_\_\_\_\_ Phone # \_\_\_\_\_ / \_\_\_\_\_ E-mail \_\_\_\_\_  
 Address \_\_\_\_\_

VICE PRESIDENT \_\_\_\_\_ Phone # \_\_\_\_\_ / \_\_\_\_\_ E-mail \_\_\_\_\_  
 Address \_\_\_\_\_

SECRETARY \_\_\_\_\_ Phone # \_\_\_\_\_ / \_\_\_\_\_ E-mail \_\_\_\_\_  
 Address \_\_\_\_\_

TREASURER \_\_\_\_\_ Phone # \_\_\_\_\_ / \_\_\_\_\_ E-mail \_\_\_\_\_  
 Address \_\_\_\_\_

REPORTER \_\_\_\_\_ Phone # \_\_\_\_\_ / \_\_\_\_\_ E-mail \_\_\_\_\_  
 Address \_\_\_\_\_

HISTORIAN \_\_\_\_\_ Phone # \_\_\_\_\_ / \_\_\_\_\_ E-mail \_\_\_\_\_  
 Address \_\_\_\_\_

OTHER (Title and name) \_\_\_\_\_ Phone# \_\_\_\_\_ / \_\_\_\_\_ E-mail \_\_\_\_\_  
 Address \_\_\_\_\_

MEETING PLACE \_\_\_\_\_ TIME \_\_\_\_\_

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
<b>1ST WEEK</b>							
<b>2ND WEEK</b>							
<b>3RD WEEK</b>							
<b>4TH WEEK</b>							

<b>ORGANIZATIONAL LEADERS:</b>	<b>CLUB COORDINATORS:</b>
Leader:	New 4-H Parent Coordinator:
Leader:	4-H Cloverbud Coordinator:
Other:	Food Stand Shift Coordinator:
	Information Coordinator:

