LEAVENWORTH COUNTY 4-H CLUB ORGANIZATION REPORT FORM

4-H CLUB/GROUP:		DA	TE OF ELECTION	
PRESIDENT	Phone #	/	E-mail	<u> </u>
Address				
VICE PRESIDENT	Phone #	/	E-mail	
Address				
SECRETARY	Phone #	/	E-mail	
Address			-	0.3. 3 8
TREASURER	Phone #	/	E-mail	
Address				
REPORTER	Phone #	/	E-mail	
Address				
HISTORIAN	Phone #	/	E-mail	
Address			3.70	
OTHER (Title and name)	Phone#	/	E-mail_	
Address				
MEETING PLACE			_TIME	

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

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

PARENTS ADVISORY COMMITTEE:

Please list your 4-H Club's Project Leaders and Name of Project-If Project Leaders plan to meet outside of the regular club meeting, they must be Volunteer Screened adults or Volunteer Screened senior 4-H members with at least 3 years experience in the project. Intermediate members must have some experience and serve only as assistants.				
Project Leader's Name	Project	Project Leader's Name	Project	