Kalamazoo County 4-H Cloverbud Participation Record

Name: ____________________________
Address: __________________________

Parent/Guardian ______________________
Club: ______________________________
County ______________________________
Leaders Name: ______________________

Years in 4-H (including this year): ____________
Birth Date: __________________________

4-H Cloverbud Projects And Activities for the Year 20_________.

_______________________________
_______________________________
_______________________________
_______________________________

We love being 4-H Cloverbuds It’s fun!
This year as 4-H Cloverbud I got to:

I went to a project meeting about:

Here’s a picture of something I made in 4-H Cloverbuds.

I went to ________________ Club meetings this year. Did you have any special Cloverbud meetings?
I helped on a committee for: ______________________

______________________________________________

Next year I want to learn more about:
______________________________________________

______________________________________________

______________________________________________

I like being in 4-H Cloverbud because: ______________

______________________________________________

______________________________________________

Draw a picture about you and 4-H!
4-H Cloverbud Leader Confirmation Form

____________________________ has completed his/her records, and I have reviewed them.

Comments:

____________________________

4-H Leader Signature

Date: ______________________

K: 4H/Project Guidelines/Cloverbuds/ Participation Record