

Please update to include your club's information and leadership for the upcoming 4-H year or as information changes.

Cloverbud Clubs

Club Name:			Charter Date:				
Is your Cloverbud Club	accepting new membe	ers? Yes	Νο				
Do you consent to the	leader name and email	being shared o	online in our clu	b directory?	Yes	No	
Cloverbud Leader: (na	me & email)						
Meets at: (location, day	/ & time)						
Location Address:							
	<u> </u>	onal and SF	<u>PIN Clubs</u>				
Club Name: Charter Date:							
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is your traditionator S	PIN club accepting new	members:	Yes No				
Do you consent to the	leader name and email	being shared o	online in our clu	b directory?	Yes	Νο	
Club Leader: (name & e	email)						
	/ & time)						
Location Address:							
Please list additional screened leaders and volunteers:							
First Name	Last Name	Lead	der or Volunteer	Email			
	4						
		I					
Please provide a brief	statement about your cl	lub that can be	shared with far	nilies looking to j	oin 4-H.		
Please provide your us	ername or handle for ar	ny social medi	a your club uses	.			
Twitter:			_ Snapchat:				
Instagram:			_ Facebook:				
COLLEGE OF AGRICULTURA	L, CONSUMER & ENVIRONME	NTAL SCIENCES		T Illinoid	Evton	ion	

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