

# 4-H CLUB

**DUE TO 4-H OFFICE  
BY THE 5<sup>TH</sup> DAY OF  
EACH MONTH**

## SIGN-IN SHEET

Event: 4-H Club Meeting Date: \_\_\_\_\_

Location: \_\_\_\_\_ Time: \_\_\_\_\_

Adult/ Youth	Name Address	Office Held	Adult/ Youth	Name Address	Office Held

Educational programs conducted by Texas Cooperative Extension serve people of all ages regardless of socioeconomic level, race, color, sex, religion, disability or national origin. Individuals with disabilities who require auxiliary aid services or accommodations in order to participate in any program conducted by Texas Cooperative Extension should contact the office at least two days prior to the event.  
The Texas A&M University System, U. S. Department of Agriculture, and the County Commissioners Courts of Texas Cooperating

# 4-H CLUB CLUB MANAGER'S REPORT

**DUE TO 4-H OFFICE  
BY THE 5<sup>TH</sup> DAY OF  
EACH MONTH**

Club Meeting Date: \_\_\_\_\_ Location: \_\_\_\_\_ Time: \_\_\_\_\_

	Project Meetings	# Mtgs	# Part	# Vol
Monthly 4-H Club Meeting Opening Announcements:  Business Meeting: Treasurer's Report: _____ Old Business:  New Business:  Program:  Recreation:	Beef			
	Horse			
	Swine			
	Sheep			
	Goats			
	Poultry			
	Foods and Nutrition			
	Clothing			
	Photography			
	Other:			
	Other:			
	Other:			
#Members _____ Present: _____  # _____ Adults Present: _____	<b>Club Manager's Time Clock:</b> <i>(Hours and contacts made within the past month. Personal contacts are contacts made away from the club meeting. The following should be included when figuring your volunteer hours: meeting preparation, various meetings, administrative duties, etc. The numbers used below should be close approximations)</i> Personal Contacts _____ E-mails _____ Phone Calls _____ Fax _____ Mail _____ Media _____ Volunteer Hours _____			
Demographic Breakdown: White: _____ American Indian: _____ Black: _____ Pacific Islander: _____ Hispanic: _____ Other: _____				

This form should be completed by the club manager and submitted one week following the club meeting.

Submitted By: \_\_\_\_\_ Date: \_\_\_\_\_