

Club Meeting Evaluation Sign Up

for the 4-H Year _____

Club Name _____

Club Leader _____

Our club would like to participate in the meeting evaluation exchange in Marion County. We agree to provide two adults and two youth from our club to evaluate another club.

1st choice

Day & Date _____ Time _____

Location _____

2nd choice

Day & Date _____ Time _____

Location _____

Please turn this form into our office by November 30.