

# Ottawa County Clover Bud Record Book

Name:		Grade Just Completed:	
Birthdate:		Name of your 4-H Club/Group:	
Mailing Address:			
City/State/Zip Code:			
Home Telephone:		Cell Phone:	
Names of Parents/Guardians:			
Please list which project area you would like to be recognized in:			

Please list any 4-H activity or event you participated in the last year. Contests, camps, workshops:			
1.		7.	
2.		8.	
3.		9.	
4.		10.	
5.		11.	
6.		12.	

\_\_\_\_\_

Clover Bud Signature

**Approval of Report:**

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Signature of Parent or Guardian

\_\_\_\_\_

Signature of Local 4-H Leader

***Please put completed record book into a GREEN FOLDER.***

***Clover Bud record books are a total of 3 pages.***

**Section I-What have you learned this year?**

**Limited to space provided**

<b>1.)</b>	
<b>2.)</b>	
<b>3.)</b>	

**Section 2-My 4-H Story/Project Work Tell us about you and your 4-H projects.**