Ottawa County Clover Bud Record Book

Name:					Gra	nde Just Completed:		
Birthdate:			Name of your	4-H Clu	b/Group:			
Mailing Address:								
City/State/Zip Code:								
Home Tel	ephone:				Cell Ph	none:		
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. 4.				9. 10.				
5.				11.				
6.				12.				
Please put completed record book into a GREEN FOLDER.								
Clover Bud Signature								
Approval of Report:						Clover Bud recortotal of 3 pages.	d books are a	
Signature of Parent or Guardian								
Signature of Local 4-H Leader								

"Oklahoma State University, U.S. Department of Agriculture, State and Local governments cooperating. Oklahoma State University in compliance with Title VI and VII of the Civil Rights Act of 1964, Executive Order 11246 as amended, Title IX of the Education Amendments of 1972, Americans with Disabilities Act of 1990, and other federal and state laws and regulations, does not discriminate on the basis of race, color, national origin, gender, age, religion, disability, or status as a veteran in any of its policies, practices, or procedures."

Section I-What have you learned this year? Limited to space provided

Elimited to space provided				
1.)				
2.)				
3.)				

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

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