



4-H CLUB ACTIVITY FORM

Date Submitted: _____ **Date Approved:** _____

Club Name: _____

Date of Activity: _____

Club Activity: Description of activity, location, time

Educational Purpose of Activity:

Name/ Telephone number of adult(s) in charge of 4-H activity:

**Remember that 4-H members must have adult supervision at all times or 4-H insurance will not cover activity.

****Florida 4-H Participation Forms must be completed and kept with the adults-in-charge of the activity at all times!!**

Please turn in this form to the 4-H office at least one week prior to your activity.