



4-H Meeting & Event Log

Club or Event Name: _____

Meeting Address: _____ Location: _____

Time of event: _____

Attendance for all youth and adult present:

Name: _____	Health Form Received? Yes_____ No_____
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Name: _____	Health Form Received? Yes_____ No_____
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Name: _____	Health Form Received? Yes_____ No_____
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Name: _____	Health Form Received? Yes_____ No_____
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Name: _____	Health Form Received? Yes_____ No_____
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Name: _____	Health Form Received? Yes_____ No_____
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Volunteer Signature_____ Date: _____

This form (or a copy) must be turned in to the 4-H office
