4-H Meeting & Event Safety Plan

(This Safety Plan must be submitted to the office two weeks prior to the meeting or event)

Name of Club or Event: _____

Date of Event: _____ Hours (not to exceed 1.5 hours): _____ to _____

Physical address: _____ Location:_____

Purpose of the Meeting: _____

Name of person(s) checking youth & adults in & maintaining the meeting log: _____

_____

Plans for managing social distancing:

_____

_____

Plans for fulfilling face mask requirement:

_____

_____

Source for Hand Sanitizer: _____

Plans for posting signage: (let us know if you need signs from us)

_____

_____

Plans for serving refreshments, if applicable:

_____

_____

Name & phone number of person completing this form:

_____

Name Phone Number where you can be reached