EXISTING 4-H CLU 4-H CLUB LEADER	I <u>BS</u> SHIP INFORMATION
County:	
Name of 4-H Club:	
Date/Year the 4-H Club began:	
Name of main 4-H Club contact:	
E-mail:	
	Cell Phone:
Co-Leader(s) / Assistant(s):	
Co-Leader(s) / Assistant(s):	
Officers: (please complete those applica	ble to your 4-H Club)
President:	
Other:	
Other:	

List the names of the one or more leader(s) from the 4-H club that attended the **Annual Volunteer Leader Team Training**? This training is required for charter renewal. This is not the Youth Protection Volunteer Orientation Workshop.

EXISTING 4-H CLUBS CURRENT YEAR 4-H CLUB MEETING INFORMATION			
Regular 4-H Club meeting time: Day of month:	Time:		
Location where 4-H Club meetings normally will be held:			
Is the meeting site handicap accessible? Ves Yes	No		
Does the 4-H Club have a website? □ Yes □ N	No		
Address of 4-H Club Website:			