

EDUCATIONAL EXPERIENCE PRESENTATION REPORT

Name: _____

Address: _____

Telephone Number: _____ Club: _____

Educational Experience: _____

Presentation Given: (Indicate Date, Place, Audience, and Summary of Educational Award Experience)

Adult Representative of Group (Signature) _____

**Return as soon as you have given your presentation or no later than December 31 to:
Dodge County 4-H Office, 127 E Oak St, Juneau WI 53039**