



NUECES COUNTY 4-H CLUB DATA

Complete this form at the beginning of each new 4-H service year, which runs from September 1 through August 31. If at any time during the service year there are changes in the club meeting schedule or location or any changes to the responsible club manager or managers, please submit this form complete with documented changes as soon as it is possible to the NC4H Office. We appreciate your cooperation.

4-H CLUB NAME:

4-H SERVICE YEAR:

MEETING INFORMATION

TIME:

DAY OF THE MONTH:

MONTHS OF THE YEAR:

FACILITY NAME:

FACILITY ADDRESS:

FACILITY CITY & ZIP:

PROJECT SPECIALTIES:

CLUB MANAGER

NAME:

ADDRESS:

CITY & ZIP:

TELEPHONES:

HOME:

WORK:

CELL:

FAX:

EMAIL:

ASSISTANT CLUB MANAGER

NAME:

ADDRESS:

CITY & ZIP:

TELEPHONES:

HOME:

WORK:

CELL:

FAX:

EMAIL:

ASSISTANT CLUB MANAGER

NAME: _____
ADDRESS: _____
CITY & ZIP: _____
TELEPHONES: _____
 HOME: _____
 WORK: _____
 CELL: _____
 FAX: _____
 EMAIL: _____

ASSISTANT CLUB MANAGER

NAME: _____
ADDRESS: _____
CITY & ZIP: _____
TELEPHONES: _____
 HOME: _____
 WORK: _____
 CELL: _____
 FAX: _____
 EMAIL: _____

CLUB OFFICERS FOR THE

CLUB NAME: _____
4-H SERVICE YEAR: _____

PRESIDENT: _____
1ST VICE PRESIDENT: _____
2ND VICE PRESIDENT: _____
3RD VICE PRESIDENT: _____
SECRETARY: _____
TREASURER: _____
REPORTER: _____
HISTORIAN: _____
PARLIAMENTARIAN: _____
REP AT LARGE: _____
REP AT LARGE: _____
COUNCIL DELEGATE: _____
COUNCIL DELEGATE: _____
OTHER OFFICER (specify): _____