

## 4-H MEMBER Yearly Plan and Record

Name:	County:	
Address:	City or Town:	
Birthday Month:	Day:	Year:
Name of Club:		
Parent's Name:		
An EEO/AA employer, University of Wisconsin-line including Title IX and American with Disabilities	Extension provides equal opports (ADA) requirements. ©2004 b	tunities in employment and programming, by the Board of Regents of the University

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