



4-H Cloverbud

Participation Recognition

Application form

Name _____ Age _____

4-H Club/Group _____ County/District _____

The Cloverbud Participation Recognition may be awarded at the conclusion of the 4-H Year in which you enroll in Cloverbuds. In order to receive this award, you must attend a majority (more than one-half) of the remaining regularly scheduled meetings (as defined by your club) for your 4-H Club. You may receive this award up to two times provided you are enrolled in Cloverbuds for two different 4-H program years. You may not receive any other membership awards in the same year.

Number of meetings held: _____

Number of meetings attended: _____

Signed: _____

Cloverbud Member

Date

Signed: _____

Parent/Guardian

Date

Signed: _____

4-H Leader

Date

Signed: _____

4-H Leader

Date