



SUSSEX COUNTY 4-H CLOVERBUD CLUB SUMMARY FORM

20__ – 20__ Project Year

Name of 4-H Cloverbud Club: _____

List of 4-H Leader(s): _____

**Please indicate who the project leader is.*

List below the names of the **graduating** 4-H members from your 4-H Cloverbud club who have completed the 4-H Cloverbud Program this year and are going into the **fourth grade**. Also, list next to each graduating 4-H member's name, the number of years that 4-H member has been part of your club. Each graduating 4-H member will receive a 4-H Cloverbud graduation certificate and a 4-H Cloverbud alumni ribbon.

1. _____ # yrs. in Cloverbud _____
2. _____ # yrs. in Cloverbud _____
3. _____ # yrs. in Cloverbud _____
4. _____ # yrs. in Cloverbud _____
5. _____ # yrs. in Cloverbud _____
6. _____ # yrs. in Cloverbud _____
7. _____ # yrs. in Cloverbud _____

List below the names of the 4-H members from your 4-H Cloverbud club *who have completed this past 4-H project year and are not yet graduating*. Each of these 4-H members will receive a 4-H Cloverbud completion certificate.

1. _____ # yrs. in Cloverbud _____
2. _____ # yrs. in Cloverbud _____
3. _____ # yrs. in Cloverbud _____
4. _____ # yrs. in Cloverbud _____
5. _____ # yrs. in Cloverbud _____
6. _____ # yrs. in Cloverbud _____
7. _____ # yrs. in Cloverbud _____

-CONTINUED ON THE BACK-

Will this 4-H Cloverbud club continue as a Cloverbud club in the coming project year?

YES ___ NO ___

Will this 4-H Cloverbud club change into a regular 4-H club?

YES ___ NO ___

Will this 4-H Cloverbud club continue and a new regular 4-H club form with the graduates?

YES ___ NO ___

NEW 4-H LEADER NOMINATIONS

List adults who have indicated they want to be an assistant 4-H club leader or 4-H club leader. We will send them a 4-H Volunteer Application and 4-H Volunteer Appointment Process.

Name	Address	Phone