



4-H CLUB OF MERIT Summary



Name of Club: _____ Number of Meetings Held: _____

Number of Members Enrolled: _____ Number of Members Completed Year: _____

Number of Leaders: _____ Number of Jr. Leaders: _____

Project Interest: _____

Seal: _____

CERTIFICATE OF MERIT - Goals Accomplished (Check)

(Purple - 18 Min)**
(Blue - 15 Min)
(Red - 12 Min)
(Yellow - 8 Min)

- _____ Club visit by Extension Agent/Personnel
- _____ Club conducted a safety activity.
- _____ Club conducted a health activity.
- _____ Club conducted a community service.
- _____ Club assisted by a community sponsor.
- _____ Club conducted an Education Field Trip.
- _____ Club conducted a 4-H Club Week exhibit.
- _____ Club conducted a recreational activity.
- _____ Club was represented at a State 4-H event.
- _____ Club conducted a parents' or guest meeting.
- _____ Club participated in a community wide event.
- _____ A record of all meetings kept by the Secretary.
- _____ Junior Leader(s), assisted with Club.
- _____ 75% or more of the Club Members present at each meeting.
- _____ Club was represented at camp and report presented to Club.
- _____ Every Member knows the 4-H Pledge, Motto, Emblem and Colors.
- _____ Club conducted a Members' Recognition or Achievement Program.
- _____ Club Leaders represented at 75% of Quarterly Leaders' Council meetings.
- _____ Three or more news articles were written about the local Club or its Members.
- _____ 75% of Club represented at County Fair.
- _____ ** Nine Club Meetings held.
- _____ ** Each Club Member made an exhibit.
- _____ ** Each Club Member gave a demonstration or talk.
- _____ ** Club was represented at a County 4-H event other than County Fair.
- _____ ** 90% of Members completed a 4-H Record Book and reported their accomplishments.
- _____ ** Leader or Parent participated in Record Book Judging. (1 point for each _____)

** MANDATORY FOR PURPLE AWARD

ACCOMPLISHMENTS MUST BE VERIFIED BY CLUB SECRETARY MINUTES OR 4-H OFFICE RECORDS.

Return this page (with Secretary's Book) to County Extension Office
101 E Beale Street, Suite A, Kingman AZ 86401

I CERTIFY THAT THE ABOVE REPORT IS CORRECT.

Secretary's Signature _____ Address _____ Date _____

Leader's Signature _____ Address _____ Date _____