MOHAVE COUNTY 4-H CLUB _____

MEETING/EVENT NOTIFICATION FORM

In order for volunteers to be covered by University liability insurance, all meetings and events must be approved by the Extension Agent(s) **PRIOR** to the event.

DATE(S)	MEETING/EVENT DESCRIPTION	LOCATION	EVENT LEADERS/COORDINATORS, ETC.
June 12	*Clover Club Foods Project meeting* ***(EXAMPLE)***	*Jane Smith's house*	*Jane Smith & Sally White*
2nd Tues., monthly	*Clover Club Community Club Meeting* ***(EXAMPLE)***	*Clover Community Center*	*Jim Jones*

Submitted by 4-H Leader: _____ Phone Number: _____ Date: _____

OFFICIAL USE ONLY: Approved by Mohave County 4-H Extension Agent _____ Date: _____