UCCE Sonoma County - 4-H Club Information 2024-2025 Sheet

Please submit this form as soon as the information is confirmed. Submit directly to the 4-H Staff

4-H Club Name:	
Meeting Location and Address:	

If your location needs a facility use agreement or certificate of insurance: http://ucanr.edu/fua.

Regular Meeting Date of the Month:	
Regular Time of Meeting:	

Is your meeting location wheelchair accessible?   yes   no

4-H Club Leader #1

Name:	
Email:	
Phone:	

   Primary Club Leader (CCL)   Co-Club Leader (Co-CCL)   Assistant Club Leader (Asst. CCL)
   Enrollment Coordinator (VEC1)   Treasurer Advisor   ChickenQue Representative

Should monthly bank statements be emailed to this person?   yes   no

4-H Club Leader #2

Name:	
Email:	
Phone:	

   Primary Club Leader (CCL)   Co-Club Leader (Co-CCL)   Assistant Club Leader (Asst. CCL)
   Enrollment Coordinator (VEC1)   Treasurer Advisor   ChickenQue Representative

Should monthly bank statements be emailed to this person?   yes   no

4-H Club Leader #3

Name:	
Email:	
Phone:	

   Primary Club Leader (CCL)   Co-Club Leader (Co-CCL)   Assistant Club Leader (Asst. CCL)
   Enrollment Coordinator (VEC1)   Treasurer Advisor   ChickenQue Representative

Should monthly bank statements be emailed to this person?   yes   no

Check Signers

Name:	
Name:	
Name:	

Check Signers must be approved adult volunteers.