

CALIFORNIA 4-H YOUTH DEVELOPMENT PROGRAM  
UNIVERSITY OF CALIFORNIA COOPERATIVE EXTENSION  
SAN MATEO COUNTY 4-H INCENTIVES AND RECOGNITION PROGRAM

# Record Book Cover Page

## Due September 15, 2015

Name of Project \_\_\_\_\_ Year in this Project \_\_\_\_\_  
(You may be enrolled in many projects, but please choose one project area of which you emphasize in your 4-H story to receive a County Award in this project.)

Name \_\_\_\_\_

4-H Club \_\_\_\_\_

Years in 4-H \_\_\_\_\_ Age as of January 1<sup>st</sup> \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

I have read and understand the requirements for the above honor and I am submitting the necessary forms, reports, signatures, recommendation, and 4-H records for the competition in which I have chosen to compete.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

I have reviewed this applicant's records and entry requirements and find them to be correct to the best of my knowledge.

Signature of Local Club Community Leader \_\_\_\_\_ Date \_\_\_\_\_

### Checklist of items due:

- Cover Page  
**This page as the first page of your record book**
- Record Book
- Project Leader Letter of Recommendation

### Send or deliver to:

**San Mateo County 4-H**  
UCCE 4-H YDP  
80 Stone Pine Rd. Ste.#100  
Half Moon Bay, CA 94019

TEL: 650-726-9059

FAX: 650-726-9267

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