



Miami County 4-H Cloverbud Show-N-Tell Program Individual Registration Form (Please print or type.)



Name: _____ Age: _____

Club Name: _____ Year (s) in Cloverbuds: _____

Topic or Activity: _____

Please email form to woods.372@osu.edu by **Friday, July 31**. The Miami County 4-H Cloverbud Show-N-Tell Program will be at the Miami County Fair.

*Note: Only youth enrolled as Cloverbud members may participate in this event.



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Miami County 4-H Cloverbud Show-N-Tell Program Team Registration Form (Please print or type.)



Names 1. _____

Ages 1. _____

2. _____

2. _____

3. _____

3. _____

4. _____

4. _____

Years in Cloverbuds 1. _____ 2. _____ 3. _____ 4. _____

Club Name: _____

Topic or Activity: _____

Please email form to woods.372@osu.edu by **Friday, July 31**. The Miami County 4-H Cloverbud Show-N-Tell Program will be at the Miami County Fair.

Limit 2-4 members per team. Please remember social distancing guidelines when preparing for event.

*Note: Only Cloverbuds enrolled in a 4-H club may participate.



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