OHIO STATE UNIVERSITY EXTENSION



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@c	osu.edu by Friday, July 23 . Th Program will be at the Miami Co		ounty 4-H Cloverbud Show-N-
*Note: Only youth e	enrolled as Cloverbud members ma	y participate	in this event.
THE OHIO STATE UNIVERSITY COLLEGE OF FOOD, AGRICULTURAL, AND ENVIRONMENTAL SCIENCES	nondisc For an ac	riminatory basis ccessible format	and related educational programs to clientele or . For more information, visit cfaesdiversity.osu.ec of this publication, visit cfaes.osu.edu/accessibili
CFAES	OHIO STATE UNIVERSITY Miami County 4-H Cloverbuck Show-N-Tell Program Team Registration Form (Please print or type.)		ION STATE OF THE PROPERTY OF T
Names 1.	, , ,	Ages	1
2			2
3			3
4			4
Years in Clo	verbuds 1 2 3.	4	
Club Name:			
Topic or Activity:			

Please email form to woods.372@osu.edu by **Friday, July 23**. The Miami County 4-H Cloverbud Show-N-Tell Program will be at the Miami County Fair.

Limit 2-4 members per team.

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

