Lewis & Clark County 4-H
Cloverbud Recognition

Name ______________________________________   Club _______________________

Number of years in Cloverbuds _________

**Required:**

1) Turn in completed Cloverbud Record Form to club leader.
   Leader Initial

**Electives:** Complete at least 2 of the following electives:

1) Participate in Grand Foods.
   Adult Initial
   Entered _____________________________________________________

2) Participate in Demonstration Day.
   Adult Initial
   Title _____________________________________________________

3) Participate in Photo Show.
   Adult Initial
   Entered _____________________________________________________

4) Participate in Fashion Revue.
   Adult Initial
   Entered _____________________________________________________

5) Attended at least 3 Cloverbud workshops.
   Adult Initial
   Dates _______________________________________________________

6) Participated in at least one club activity.
   Adult Initial
   Activity _____________________________________________________

7) Exhibited at least one entry in the Fair.
   Adult Initial
   Entered _____________________________________________________

Signature _____________________________________________________________________ Date ____________________

I understand by completing this form and submitting it for recognition under the Lewis & Clark County 4-H program, I am responsible for the accuracy and honesty of the information I have provided.

Revised May 2015