No. 34

4-H Cloverbud Enrollment Card

Name __________________________________________________________
   (first)   (middle)   (last)

Parent or Guardian _______________________________________________
   (first)    (last)

Address _________________________________________________________
________________________________________________________________

Phone Number ___________________________________________________

Date of Birth _____________________________________________________
   (month)  (day)   (year)

Boy         Girl  (circle one)   Today’s Date ___________________________

Cloverbuds is a non-competitive educational program of the Oklahoma Cooperative
Extension Service, 4-H Youth Development Program for 5-8 year old children.

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