

LIBERTY COUNTY 4-H AWARD POINT LOG

NAME: _____ CLUB: _____ MONTH: _____

EVENT	DATE	Description/location/type of event	CM/SIGNATURE	DATE	OFFICE USE

By signing below I certify that I have attended the above events. The events are included in the Awards Criteria Guidelines.

4-H Members Signature: _____ 4-H Parents Signature: _____

Office Use Only: Date Received _____ Total Points: _____
