

**4-H PRESENTATION
SCHEDULING FORM**

Check one: : Intermediate _____ Senior _____

Name _____

Address _____

Phone _____ County _____

Presentation Title _____

Topic or Project Area: _____

If team presentation, partners name: _____

Please circle what you need for the presentation:

Outside Yes No

Will be using live animals Yes No

Electricity Yes No

For Office Use Only

Date:

Contacted:

Date Preferred:

1st Choice: _____

2nd Choice: _____

Conflicts:

Other activities member is participating in on the above dates:

SF-1 Sched. Forms 6/01

**4-H PRESENTATION
SCHEDULING FORM**

Check one: : Intermediate _____ Senior _____

Name _____

Address _____

Phone _____ County _____

Presentation Title _____

Topic or Project Area: _____

If team presentation, partners name: _____

Please circle what you need for the presentation:

Outside Yes No

Will be using live animals Yes No

Electricity Yes No

For Office Use Only

Date:

Contacted:

Date Preferred:

1st Choice: _____

2nd Choice: _____

Conflicts:

Other activities member is participating in on the above dates:

SF-1 Sched. Forms 6/01