



# Illinois 4-H Clover Challenge Agreement

*Note: You MUST be 15-18 years of age by September 1 of the current 4-H program year in order to enroll in a Clover Challenge project area.*

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Clover Challenge Project Area: \_\_\_\_\_ Years in Project Area: \_\_\_\_\_

In accepting the Clover Challenge, I will: *(Describe what you agree to do, learn or accomplish this 4-H year.)*

List your goals. They should challenge your skills beyond what you have previously learned in the project area. You may want to include goals that will help you attain the *Individual Member 4-H Standards of Excellence*.

\_\_\_\_\_ will serve as my mentor for this project. I will meet with my mentor a minimum of four times during the 4-H project year.

*Agreement signed and approved:*

Member: \_\_\_\_\_ Date: \_\_\_\_\_

Adult Mentor: \_\_\_\_\_ Date: \_\_\_\_\_

Unit Staff Approval: \_\_\_\_\_ Date: \_\_\_\_\_