

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: _____