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: _____________

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