



# 2020 4-H Project Committee Form

Please submit by November 29, 2019



**Project:** \_\_\_\_\_

**Superintendent(s) Information:**

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

Address: \_\_\_\_\_  
Street Address City State ZIP

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**Committee Information (Additional space provided on backside):**

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

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