



Check one:	☐ School Enrichme	ent	rest	] Day Camp [	Overnight camp			
	☐ Individual study	☐ School Age	Child Care	] Other				
Name of program, activity or event:								
Presenter:								
Location:	cation: Date:							
Number of hours:		Project:						
Has this group been reached and recorded with 4-H programming earlier this year?								
How many youth participants?			How many participants are 4-H members?					
Male	Female		Male	Female				

Please estimate the ethnic/racial distribution of the participants.

Race	Number	Ethnicity	Number
American Indian/Alaskan Native		Hispanic	
Asian		Non-Hispanic	
Black/African American		Unidentified	
Native Hawaiian/Other Pacific Islander		Total	
White			
More than 1 race			
Other/Unidentified			
Total			