

SPRING ACHIEVEMENT ENTRY TAG

Clover Buds

Category: _____

Category Judged in: Morning / Afternoon

Name: _____

Club: _____

Project Leader: _____

4-H Age: _____ (as of Jan. 1) Years in Project: _____

Parents: Please check box to indicate any permanent challenge or disability (physical or learning) that directly affected this project. If the judge needs additional information, explain to the superintendent and ask the superintendent to talk to the judge. **Explain** on the back of this form.

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