

SPEAKING / INTERPRETIVE READING REGISTRATION FORM (one per person/team)

Name: _____
Address / City: _____
Phone Number: _____
4-H Club: _____
Title: _____



Please include approximate length of time for each performance (2 - 5 minutes or over 5 - 10 minutes)

Division: _____ Speech _____ Interpretive Reading _____ Any Other Speaking Category

Category: _____ Cloverbud _____ Explorer _____ Senior
_____ Junior _____ Intermediate

Time _____

STORYTELLING REGISTRATION FORM (one per person)

Name: _____
Address / City: _____
Phone Number: _____
4-H Club: _____
Title: _____



Category: _____ Cloverbud _____ Explorer _____ Senior
_____ Junior _____ Intermediate

Time _____

DYNAMIC DUO REGISTRATION FORM (one per team)

Name: _____
Address / City: _____
Phone Number: _____
4-H Club: _____
Title: _____



Category: _____ Cloverbud _____ Explorer _____ Senior
_____ Junior _____ Intermediate

Time _____

DEMONSTRATION REGISTRATION FORM (one per person/team)

Name: _____
Address / City: _____
Phone Number: _____
4-H Club: _____
Title: _____



Check One: _____ Individual _____ Team

Category: _____ Cloverbud _____ Explorer _____ Senior
_____ Junior _____ Intermediate

Time _____

Please return completed form to:

Extension – Clark County Office
Speaking and Demonstration Contest
517 Court Street, Room 104
Neillsville, WI 54456

Or email a copy to:
ClarkCounty4H@co.clark.wi.us

Registration due two weeks prior to event