NOTICE: CLOVERBUDS HAVE SEPARATE REGISTRATION FORMS

SPEAKING / INTE Name: Address / City: Phone Number: 4-H Club: Title:		NG REGISTRATION FOR	
APPROXIMATE LENG	TH OF TIME FOR EACH	I PERFORMANCE (2 - 5 MINU	TES OR OVER 5 - 10 MINUTES)
Division:	Speech	Interpretive Reading _	Any Other Speaking Category
	Explorer Intermediate		Time
STORYTELLING F Name: Address / City: Phone Number: 4-H Club: Title:		RM (one per person)	
	Explorer Intermediate		Time
DYNAMIC DUO R Name: Address / City: Phone Number: 4-H Club:		RM (one per team)	
Category:	Explorer Intermediate	Junior Senior	Time
DEMONSTRATION Name: Address / City: Phone Number: 4-H Club: Title:	N REGISTRATION I	F ORM (one per person/team	Notified and the second
Check One:	Individual	Team	
Category:	Explorer Intermediate	Junior Senior	Time
Speaking and 517 Court Stre Neillsville, W	Clark County Office Demonstration Conte eet, Room 104 I 54456	st	
Or email a co <u>j</u> <u>ClarkCounty4</u>	H@co.clark.wi.us		

Registration due two weeks prior to event