



SAUK COUNTY 4-H

“Care to Share Form”



This form has been designed to help provide the Sauk County 4-H program with your valuable input. If you have an idea, concern, or request (including any kind of funding request), please complete this form. Once completed, this form will be distributed to the entire Sauk County 4-H Senior Leader Executive Board for their review and possible action.

Please take a few moments and complete all three sections of this form. ***Forms without all three sections complete will be disregarded.*** Please use additional sheets of paper if necessary.

SECTION #1: Describe the current situation:

SECTION #2: Describe the problem:

SECTION #3: Give your suggestion(s) for a possible solution:

Please Print (this section must be completed...no anonymous forms will be accepted):

Name of person completing form: _____

Phone number of person completing form: _____

Signed: _____

Dated: _____

Please return completed forms to:
SAUK COUNTY 4-H
505 Broadway, Baraboo, WI 53913