**SHAWANO COUNTY PROJECT MEETING ATTENDANCE
VERIFICATION FORM**

**FOR SHAWANO COUNTY 4-H GOAT KEY COMMITTEE
PROJECT MEETING REQUIREMENTS**

Meeting Date: _____

Meeting Location: _____

Meeting Times (start to finish): _____

Meeting Title and/or Topic(s): _____

_____

(Note: The Project Member should fill in the info requested above <u>prior</u> to the meeting)

This will verify that the 4-H, FFA or Junior Breed Association members from Shawano County as listed below did attend and participate in a Goat Project Training Meeting, Sanctioned Livestock Show or YQCA Meeting conducted in _____ County on the date and location shown above.

Member name(s): _____

_____

<u>Verified by:</u>

Name: _____

Title: _____
                (Extension Agent, Ag Instructor, 4-H Leader, etc)

Phone: _____

Email: _____

Thank You!