

OZAUKEE COUNTY 4-H

Care to Share Form

This form has been designed to provide valuable input to Ozaukee County 4-H. Please print all information and use additional pages if more space is needed. An online version of the form can be found at: <https://ozaukee.extension.wisc.edu/4-h-youth-development/4-h-forms/>.

Once completed, it will be distributed to the appropriate individual or group to address the issue or concern. ***All three sections MUST be complete to be addressed.***

Section 1: Describe the current situation_____

Section 2: Describe the problem with the current situation_____

Section 3: Give your suggestion(s) for a possible solution_____

Please Print:

Name_____

Address_____

Phone_____ E-Mail_____

Signature_____

Date_____

Return completed form to: Ozaukee County 4-H
121 W Main St / PO Box 994
Port Washington, WI 53074
e-mail to: abi.quinlan@wisc.edu

