

2024-2025 Napa County 4-H Club Information Sheet

Please submit this form as soon as the information is confirmed. Submit directly to the 4-H Staff

4-H Club Name:	
Meeting Location Name and Address:	
<i>If your location needs a facility use agreement or certificate of insurance: http://ucanr.edu/fua.</i>	
Regular Meeting Date of the Month:	
Regular Time of Meeting:	
Is your meeting location wheelchair accessible? yes no	
4-H Club Leader #1	
Name:	
Email:	
Phone:	
Primary Club Leader (CCL) Co-Club Leader (Co-CCL) Assistant Club Leader (Asst. CCL) Enrollment Coordinator (VEC1) Treasurer Advisor Other	
Should monthly bank statements be emailed to this person? yes no	
4-H Club Leader #2	
Name:	
Email:	
Phone:	
Primary Club Leader (CCL) Co-Club Leader (Co-CCL) Assistant Club Leader (Asst. CCL) Enrollment Coordinator (VEC1) Treasurer Advisor Other	
Should monthly bank statements be emailed to this person? yes no	
4-H Club Leader #3	
Name:	
Email:	
Phone:	
Primary Club Leader (CCL) Co-Club Leader (Co-CCL) Assistant Club Leader (Asst. CCL) Enrollment Coordinator (VEC1) Treasurer Advisor Other	
Should monthly bank statements be emailed to this person? yes no	
Official Bank Account Signatories (adult and youth)	
Name:	
Name:	
Name:	
*If they are no longer an appointed adult volunteer or approved youth member, they must be removed as a signatory. Request a letter from 4-H Staff if signatories need to be updated.	
** Checks may only be signed by official bank account signatories (includes both required signatures).	