JACKSON COUNTY 4-H

"Care to Share Form"

This form has been designed to provide valuable input to the Jackson County 4-H program. Once completed, this form will be distributed to the appropriate individual or group to address the issue or concern. Please take a few moments and complete all three sections of this form and sign it. ***Forms without all three sections completed and a signature will be disregarded.***

SECTION #1: Describe the current situation:

SECTION #2: Describe the problem with the current situation:

OVER

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

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Please Print:

Name of person completing form:_____

Address of person completing form:_____

Phone number of person completing form:_____

E-mail address of person completing form:_____

Signed:_____

Dated:_____

Please return completed forms to:

JACKSON COUNTY 4-H
227 South 11th Street
Black River Falls, WI 54615

Developed by John de Montmollin
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