

OHIO STATE UNIVERSITY EXTENSION

**2020 Quality Assurance Program Documentation of Attendance**

OHIO STATE UNIVERSITY EXTENSION

*Note: This is your only receipt of attendance. It is the responsibility of the youth to turn this form in to the home county’s educator.*

Name County in 4-H

Name of 4-H Club

The above named youth participated in County’s Quality Assurance program.

 Educator/QA Presenter

OHIO STATE UNIVERSITY EXTENSION

**2020 Quality Assurance Program Documentation of Attendance**

Date Trained/Test Given

Expiration Date

 Educator/QA Presenter

Date Trained/Test Given

Expiration Date

Name County in 4-H

Name of 4-H Club

The above named youth participated in County’s Quality Assurance program.

