

**CFAES**

OHIO STATE UNIVERSITY EXTENSION

## 2020 Quality Assurance Program Documentation of Attendance

Name \_\_\_\_\_ County in 4-H \_\_\_\_\_

Name of 4-H Club \_\_\_\_\_

The above named youth participated in \_\_\_\_\_ County's Quality Assurance program.

\_\_\_\_\_  
Date Trained/Test Given

\_\_\_\_\_  
Expiration Date



THE OHIO STATE  
UNIVERSITY  
COLLEGE OF FOOD, AGRICULTURAL,  
AND ENVIRONMENTAL SCIENCES

\_\_\_\_\_  
Educator/QA Presenter

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*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.

\_\_\_\_\_  
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