



TAYLOR COUNTY 4-H



“Care to Share Form”

This form has been designed to provide valuable input to the Taylor 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 or concern with the current situation:

OVER

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

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:
TAYLOR COUNTY 4-H
925 Donald Street, Room 103
Medford, WI 54451

*Adapted from John de Montmollin – Kenosha County 4-H
© 2005 Board of Regents of the University of Wisconsin System, doing business as
the Division of Cooperative Extension of the University of Wisconsin-Extension.*