



# Sawyer County 4-H

## “Care to Share Form”

This form has been designed to provide valuable input to the Sawyer 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: -**

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

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**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:

Sawyer County 4-H  
10610 Main Street  
Hayward, WI 54843

