

ST. CROIX COUNTY 4-H



"Care to Share Form"

This form has been designed to provide valuable input to the St. Croix 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:

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:

ST. CROIX COUNTY 4-H

UWEX Office, 1960 8th Ave, Suite 140, Baldwin, WI. 54002

