

C.L.O.V.E.R. Cloverbud Book Report Form

Name _____ Deadline: 6/19/09

Club _____

Title _____

Author _____

Summary or Picture _____

Title _____

Author _____

Summary or Picture _____

I accept responsibility for monitoring and approving all reading material and activities chosen by my child to

participate in this program

Parents Signature _____

Return to: David C. Crawford, M.S.,

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Keith L. Smith, Ph.D., Associate Vice President for Agricultural Administration and Director, Ohio State University Extension, TDD No. 800-589-8292 (Ohio only) or 614-292-1868

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Suite 100
2650 Richville Drive SE
Massillon, Ohio 44646

Title _____

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