BELLINGHAM 4-H PORTABLE CHALLENGE USE FORM

Trainer Name(s):

Date:

Group Name: ___________________________ County:

# Adults: ______ # Youth:
(Do not include Trainers)

SEQUENCE: Please list the sequence used with the group or attach a copy of the sequence.
Maintenance needs observed:

What near miss(es) did you have today? What event(s) did they occur on?

Accident? Yes/No  If yes, fill out an Incident Report Form.

Ideas to share: