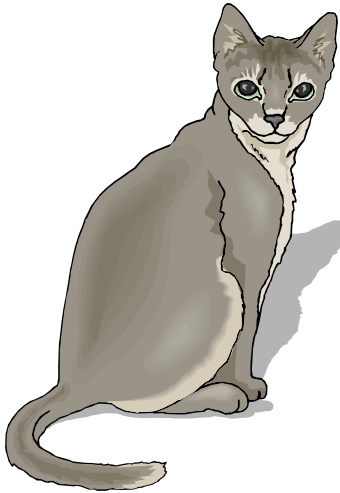




(Insert County) 4-H Cat Clinic
(Clinic Date)



Schedule:

Ages:

Registration:

Fee:

Other:

Contact Information:

(County) Extension Office
(Address)

(Phone)