



4-H Project Record



(Form Due to Club Secretary By Sept. 1)

Name: _____

Age (As of Jan. 1): _____

Address: _____

Club: _____

City: _____

State: _____

Zip: _____

Phone: _____

List <u>ALL</u> projects enrolled in	These columns to be completed by the project leader. ONLY RECOGNIZED VOLUNTEER PROJECT LEADERS MAY SIGN.		
	Project Meetings Held:	Project Meetings Attended:	Project Leader Signature (*see below):
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

For Food Animal Projects: SMQA Completed _____ Yes _____ No

4-H Member Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

***ATTENTION PROJECT LEADER:** By signing, you agree that you are a recognized volunteer project leader (screened and completed orientation) in this project and that you have provided sufficient instruction for the member to complete the project.