

Project Meeting Attendance Form

Return forms to your club leader by October 1

20__

Name of Project	Name of Club
Name of Leader(s) include all leaders and helpers: .	

Group Project Goals		Date of Meeting									Number of		
Members Name	Phone	1	2	3	4	5	6	7	8	9	Total	Completed Y or N	Comments
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													

Note: Project leaders are asked to hold a minimum of 6 hours of project meetings per year. If your meetings are more than one hour, be sure to note in comments section. By signing this form, I acknowledge that the information is true and accurate.

Project Leader Signature: _____ **Date:** _____

Adopted from a form design by Sarah Staude Case County 4-H Youth Specialist.