

Record of 4-H Project Meetings

Project: _____

Project Leader: _____

Project Leader: _____
(Name)
(Address)
(Phone #)

Name of Member (List Alphabetically)	Mtg. Date:	1	2	3	4	5	6	7	8	9	10	11	12	Did Member Complete Project
1.														
2.														
3.														
4.														
5.														
6.														
7.														
8.														
9.														
10.														
11.														
12.														

Please fill out and return to the Club Leader as soon as project is completed and no later than August 1.

Total Teaching Hours: _____

Project Leader Signature _____