MISSOURI 4-H YOUTH DEVELOPMENT PROGRAMS

Cass County Project Record

(For use with all projects, including animal projects.
Please complete both sides of this form at the completion of the project year.)

Project _____ Calendar Year _____

Name _____ 4-H Age (as of Jan. 1) _____

Address _____ Birthdate _____

4-H Club Name _____ Years in Project _____ Years in 4-H _____

Goal Setting

Project Goals (What would I like to learn this year?)	Date Completed/Comments
1.	
2.	
3.	
4.	

Community Service

Community Service Projects *–specific to project*	Date Completed/Comments
1.	
2.	

Project Learning Activities
Designate level of participation with the appropriate letter, local or club (L), county (C), regional (R), State (S)

Titles of Talks or Demonstrations	Radio or TV appearances &/or newspaper articles (give stations and newspapers)	Kinds of Tours, workshops, or camps attended	Number of exhibits, judging events participated in

Information about project or animals
List items made or animals used in this project

Name of item or animal ID	Specifics such as size of item, sex and weight of animal	Estimated hours spent with items or animals	Something that you learned from this project that was not listed as a goal on the front page

Overall Project Experience

What did you enjoy most about this project?

What about this project would you like to change?

Financial Summary

Costs involved with your project work should be included here. Include expenses such as fabrics, materials, supplies, feed, and breeding fees, etc. Also include incomes from sales of items or animals.

(A) Date of Transaction	(B) From Whom purchased or to whom it was sold	(C) Items purchased or sold (include amounts, and other specifics)	(D) Expenses	(E) Receipts	(F) Balance (profit or loss)

1.   What is your total costs or expenses? (total column D) _____

2.   What is your total income? (total column E) _____

3.   Calculate your total profit, loss or cost of construction, subtract line 1 from line 2. _____

Approval of this Report:

This is to verify that this report is the work of the member and is believed to be correct and accurate.

Members Signature _____   Date Completed _____

Parents Name _____   Parents Signature _____

Project Leaders Name _____   Project Leaders Signature _____

CASS COUNTY 4-H
Making the Best Better in Missouri