

PROJECT MEETING REPORT

PROJECT: _____

LEADER: _____

MEMBERS NAME	EXAMPLE A: ___6___ hrs DATE: 1/1/06	MEETING 1: ___ hrs DATE: _____	MEETING 2: ___ hrs DATE: _____	MEETING 3: ___ hrs DATE: _____	MEETING 4: ___ hrs DATE: _____	MEETING 5: ___ hrs DATE: _____	MEETING 6: ___ hrs DATE: _____	MEETING 7: ___ hrs DATE: _____	MEETING 8: ___ hrs DATE: _____	MEETING 9: ___ hrs DATE: _____	MEETING 10: ___ hrs DATE: _____	TOTAL HRS. COMPLETED	PROJECT COMPLETED (mark with X if yes)
Doe, John	X											6	X
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
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14													
15													
16													
17													
18													

I, _____ verify that all the above information is true to the best of my knowledge.
(project leader signature)

Please turn into the Extension Office by July 1st for members to be able to participate at Land O Lakes Fair.