4-H SUMMARY OF PROJECT RECORDS

Please return by September 15th

CLUB NAME:_____

Leader:_____ Phone _____

Complete Address:_____

Name of Member Please alphabetize	4-H AGE	Yrs. in 4-H	Projects that were completed

I will certify that I have reviewed the project records as reported above and have sent all Animal Project Records & Jr. Teen Leader Records to the 4-H Office

Signed:_____ 4-H Leader