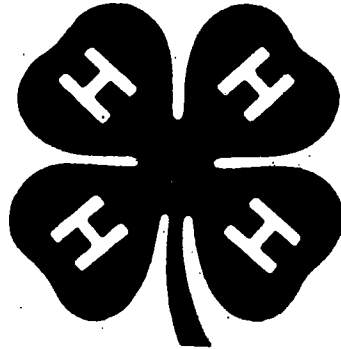


4-H CPR PROJECT RECORD



Name of Project _____

Your Name _____

Your Parents' or Guardians' Name _____

Your Mailing Address _____

_____ Zip _____

Age _____ Grade in School _____ Name of School _____

Number of Years in This Project _____ Number of Years in 4-H _____

Name of Your County 4-H Agent _____

This is a true record of my 4-H project. Signed: _____

Approval:

Parents or Guardian: _____ Date _____

4-H Leader: _____ Date _____

I. My objectives or goals for taking this project. (Tell the things you want to do or learn in this project this year.)

II. Things I learned in this project.

Pictures of Your 4-H Project

If possible show:

- the beginning of your project
- work being done
- your completed project

This publication was promulgated at a cost of \$229.94, or 7.7 cents per copy, to aid 4-H members in keeping records on their projects. 8-3M-85

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