		4-H	
NAME(S):		PROJECT & ALIAS:	
(All Project Leaders/Assistant Project Leaders)			
OCATION (ADDRESS) OF MEETINGS:			
I plan to hold (number)	_ project meetings beginning on	and completing th	
project by	·	(date)	
(date) ATES & TIMES OF	MEETINGS (TBD IS NOT)	<u>ACCEPTABLE)</u>	
September	January	May	
October	February	June	
November	March	July	
December	April	August	
TOPICS TO BE CO	VERED: (ie., ALL projects mu	ust include a Safety component.)	
TOPICS TO BE CO SKILLS TO BE TAU		ust include a Safety component.)	
		ust include a Safety component.)	
		ust include a Safety component.)	
		ust include a Safety component.)	
SKILLS TO BE TAU			
SKILLS TO BE TAU	JGHT:		
SKILLS TO BE TAU	JGHT:		

Project Leader/Assistant Project Leader

Community Leader

Project Leader/Assistant Project Leader