

4-H PROJECT LEADER AGREEMENT

4-H CLUB: _____

DATE: _____

NAME(S): _____

4-H
PROJECT
& ALIAS: _____

(All Project Leaders/Assistant Project Leaders)

LOCATION (ADDRESS) OF MEETINGS: _____

I plan to hold _____ project meetings beginning on _____ and completing the
(number) (date)
project by _____ .
(date)

DATES & TIMES OF MEETINGS (TBD IS NOT ACCEPTABLE)

September _____	January _____	May _____
October _____	February _____	June _____
November _____	March _____	July _____
December _____	April _____	August _____

TOPICS TO BE COVERED: (ie., **ALL** projects must include a **Safety** component.)

SKILLS TO BE TAUGHT:

SUPPORTING ACTIVITIES (i.e., field trips, field days, events, speakers, etc.)

SIGNATURES: _____

Project Leader

Community Leader

Project Leader/Assistant Project Leader

Community Leader

Project Leader/Assistant Project Leader