



Chenango County 4-H
Arts and Crafts
Project Record Sheet

Name: _____ 4-H Age: (as of Jan.) _____

Address: _____

Years in Project area: _____

Club name: _____



Leader's signature: _____ Date: _____

Parent signature: _____ Date: _____

Members' signature: _____ Date: _____

Goals: List three arts or crafts you would like to make this year? _____

Preparation: List supplies will you need for your projects?

What would you like to learn from these projects? _____

Where did you get your project ideas from? _____

Reflection

What was your favorite arts and crafts project this year? Why? _____

What was your hardest project this year? _____

Would you like to do arts and crafts next year? Yes / No

Attach some photos some of your projects: