

BOONE COUNTY VETERINARY SCIENCE PROJECT RECORD SHEET

NAME _____ 4-H CLUB _____

ADDRESS _____ AGE _____

YEAR IN PROJECT _____ YEARS IN 4-H _____

NUMBER OF WORKSHOPS ATTENDED _____

PLEASE LIST ALL OUTSIDE REFERENCES USED TO COMPLETE THIS
PROJECT (Example: magazines, books, library, resource people, etc.)

HOW HAVE YOU BENEFITED FROM TAKING THIS PROJECT?

LEADER'S SIGNATURE _____ DATE _____