



FOUNTAIN COUNTY
4-H RECYCLING RECORD SHEET
Record for Year _____

Name _____ Grade _____ Age _____

Address _____

Township _____ Club _____

Years in 4-H _____ Years in this Project _____
(including this year) (including this year)

1. Why did you select this project? _____

2. List three things you have learned from this project.

a. _____

b. _____

c. _____

3. What experiments or activities did you do?

4. How has this project changed the way you feel about recycling? _____

5. Has your family begun recycling anything? _____

If so, what do they recycle? _____

If not, why not? _____

6. What did you like best about this project? _____

7. What did you like least about this project? _____

I have reviewed this project and believe it to be correct.

(Signature of Leader)

(Date)