

Do Your Own Thing Project Proposal Sheet

LaPorte County

Due to the 4-H Extension Educator by May 15th



Name		Grade
Address or Email (For return of proposal)		
4-H Club	Years in 4-H	Years in this project
Area of Interest		
In this project I hope to:		
<hr/> <hr/> <hr/>		
I will accomplish this project by:		
<hr/> <hr/> <hr/>		
From this I hope to learn:		
<hr/> <hr/> <hr/>		
My exhibit will be:		
<hr/> <hr/> <hr/>		
Office Use Only		
_____ / ____ / ____ Educator Signature Date	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	Date Returned to Member ____ / ____ / ____ Staff Member Initials _____ Email USPS