

# Mini 4-H Health Project Record Sheet

Name \_\_\_\_\_

Club \_\_\_\_\_

Township \_\_\_\_\_ Grade \_\_\_\_\_

What was your exhibit? \_\_\_\_\_

How many hours did it take for you to complete your project and activities? \_\_\_\_\_

What lifeskills did you use? \_\_\_\_\_

What did you learn from your two activities? \_\_\_\_\_

Did you enjoy this project? Yes No

Suggestions: \_\_\_\_\_

Parent or leader Signature \_\_\_\_\_