RECORD OF HOMEMADE ICE CREAM PROJECT

Name					
C	Current Grade		Years in 4-H		
١	lame of 4-H C	ub:			
F	Project Level:		Years in Project:		
	Date of making ice cream	Flavor/kind of ice cream Prepared	How much ice cream was made?	What method did you use to freeze your ice cream?	

(Continued on back)

What one important thing did you learn in this project?				
What will you do to improve your skills?				
Name at least one person you will share this project with and encourage them	to participate in it next year.			
Write the recipe of one flavor/kind of ice cream that was your favorite that you	made.			
Member Signature	Date			
Parent Signature	Date			