GIFT WRAPPING RECORD SHEET

Name_____ Grade/Age _____

Address _____
City Zip

NUMBER OF YEARS IN 4-H _____
(Include this year)

NUMBER OF YEARS IN GIFT WRAPPING _____
(Include this year)

LEADER'S SIGNATURE _____

DATE	OCCASION	SHAPE OF PACKAGE (rectangular, square, etc.)	CONTENTS OF PACKAGE	SIZE OF PACKAGE	MATERIALS USED