



4-H Exhibit Record

NAME _____ AGE _____

CLUB _____

SCHOOL GRADE COMPLETED _____ YEAR IN 4-H _____ (do not include Cloverbud years)

4-H PROJECT CATEGORY:

- | | |
|--|--|
| <input type="checkbox"/> Citizenship & Civic Education | <input type="checkbox"/> Healthy Lifestyle Education |
| <input type="checkbox"/> Communication & Expressive Arts | <input type="checkbox"/> Personal Development & Leadership |
| <input type="checkbox"/> Consumer & Family Sciences | <input type="checkbox"/> Plants & Animals |
| <input type="checkbox"/> Environmental Education & Earth Science | <input type="checkbox"/> Science & Technology |
| <input type="checkbox"/> Cloverbud | |

4-H PROJECT AREA BEING REPORTED: _____

NAME OF PROJECT LEADER: _____

YEAR(S) IN THIS PROJECT AREA: _____

COMMITMENT TO EXCELLENCE

- I believe that participation in the Cache County 4-H Program should demonstrate my own knowledge, ability, and skill.
- I will do my own work to the full extent I am capable and otherwise will only accept instruction, advice and support from others.
- I will not use abusive, fraudulent, illegal, deceptive, or questionable practices in my project, nor will I allow my parents, my supervisor, or any other individual to employ such practices with my project.
- I will read, understand, and follow the guidelines without exception, of all projects in which I am a participant and ask that my parents and the supervisor of my project do the same.
- I wish for my project to be an example of how to accept what life has to offer, both good and bad, and how to live with the outcome.
- I realize that I am responsible for the completion of my project, demonstrate respect for leaders and other club members, and demonstrate strong moral character as an example to others.
- I will do my part to make my participation in this project an enjoyable and positive experience for myself, my family, my club and my community.

MEMBER'S SIGNATURE _____

PARENT'S SIGNATURE _____

LEADER'S SIGNATURE _____

Special Needs. For any special arrangements including dietary, physical accesses, or other accommodation requests, contact Utah State University Extension (752-6263) at least fifteen working days in advance of programs.
Revised 07/09

MY 4-H STORY

Tell about yourself, your experiences with this project and your overall experiences in 4-H.

KNOWLEDGE AND SKILLS ACQUIRED:

COMMUNITY SERVICE:

DATE	SERVICE PROJECT	SIZE & SCOPE OF WHAT YOU DID

APPLICATION: How will knowledge gained from this project be used in the future?
