My 4-H Cloverbud Project Plan
(Age 5-8 years)

Name: ________________________________

Address: __________________________________________

County: ___________ Date of Birth: ___________

Name of 4-H Club: _______________________________

Parent or Guardian Name(s): _______________________

I have reviewed this plan and agree to support its completion.

_____________________________ ________________________
Parent or Helper Signature 4-H Club Leader Signature
My Cloverbud Project

1. Some things I would like to learn while completing my project are:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

2. Things I did in my project and when I did them:

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________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
A list of other things I have done in 4-H this year...
These are some special things like ribbons I won, pictures of me and my 4-H work, and a short story that I wrote.