



University of Nevada
Cooperative Extension

HUMBOLDT COUNTY 4-H PROJECT SHEET SKILLATHON



Protected Under
18 U.S.C. 707

20 ____

Name: _____ Age: _____ Years in Project: _____

Name of Club: _____

Date Started: _____ Date Ended: _____

Number of Meetings Held: _____ Number of Meetings Attended: _____

Office Held (if any) _____

Requirements:

By signing below, I (we) certify that the member has completed this project.

Leader's Signature: _____

Member's Signature: _____

Parent's Signature: _____

1. What are your goals for this year?

2. Did you reach your goals? Yes ___ No ___
Explain your answer:

3. What new skill did you learn?

4. What did you like or dislike about the project?

5. Do you plan to take this project next year?
