

**Bayfield County
Foods and Nutrition Project Record for 20____**

Name: _____ Age: _____ Years in this project including this year: _____

GOALS

Things I plan to do and learn this year in this project are: Check If Accomplished:

	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

ACCOMPLISHMENTS

Describe the things you learned and did in this project this year: _____

WAYS YOU RECEIVED HELP THIS YEAR INCLUDE: (Check all that apply and add notes if you wish)

	Attended club project meetings; list the number of meetings:
	Attended project training offered in the county
	Guidance from 4-H leader
	Guidance from Parent(s)
	Reading and use of 4-H literature
	Reading and use of books, audio visual resources, internet
	Guest presenters
	Help from friends/other youth
	Other (describe)

List the foods you prepared and the number of times:

Food Prepared	Number of times		Food Prepared	Number of Times

Write in the number of times you did other things:

Set table	
Cleaned up the kitchen	
Collected recipes	
Helped serve family meals	
Shopped for groceries	
Put away groceries	
Planned a menu	

PROJECT FINANCIAL RECORD

Expenses - List your expenses (supplies, services purchased, etc.) for this project this year.

Item:	Amount:
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
	Total Expenses: \$ _____

Income - List the source and amount of items sold, fair premiums, demonstration premiums, and value of items used at home.

Item:	Amount:
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
	Total Income: \$ _____

PARENT AND LEADER COMMENTS

Parent's comments about member's project work: _____

Parent's Signature: _____

Project leader's comments: _____

Project Leader's Signature: _____