



Teen Leadership Project Plan

Name _____ Club _____

County _____ Year in 4-H _____ Years in Teen Leadership _____ Age _____

Goal	Dates/Program Plans <i>What you plan to do</i>	Resources <i>People and Materials</i>	Results <i>Activities used to meet your goals</i>
			Additional pages may be used to list your activities and results.

Leader Signature _____ Date Approved _____

County Office _____ Date Approved _____