



# Teen Leadership Project Plan

Name \_\_\_\_\_ Club \_\_\_\_\_

County \_\_\_\_\_ Years in 4-H \_\_\_\_\_ Years in Teen Leadership \_\_\_\_\_ Age \_\_\_\_\_

<b>GOAL</b>	<b>DATES/PROGRAM PLANS</b> What you plan to do	<b>RESOURCES</b> People and Materials	<b>RESULTS</b>

Leader Signature \_\_\_\_\_

Date Approved \_\_\_\_\_

County Office \_\_\_\_\_

Date Approved \_\_\_\_\_