

4-H Plan Your Year



Club Name: _____ Year: _____

Meeting Place: _____ Time: _____



(If place & time change please note that)

Month	Date	Activity/Lesson	Family/People Leading	Snacks by	Other	Attended: Name if more than
September						
October						
November						
December						
January						
February						
March						
April						
May						
June						
July						
August						

What would you like to learn? Have you checked out the Educational Trunks? Have you checked project sheets for ideas? Extension can teach lessons also.

