## 4-H SHOOTING SPORTS PROJECT RECORD

Name			Grade	
Address	City		Zip	
County	Club			
Shooting Sports enrolled in: (project number & name)	Leader's name	Years in project	Number of meetings held	Number attended
<ul><li>4. Keep a list of firearm and/o</li><li>5. Keep a list of the number o</li></ul>	Safety requirements. minimum of 6 hours. shooting sports project training or archery equipment you have of rounds/arrows you have fire uses involved in the project. and you like to do, learn, and a	e used. d.	ing sports this year?)	
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LEARNING ACTIVITIES Designate level of participation	n with the appropriate letter: Ic	ocal or club (L), Cou	unty (C), Regional (R), Sta	ate (S).
Title of presentations, talks, demonstrations	Tours, workshops, contests attended		Exhibits	

## **EQUIPMENT INVENTORY**

Beginning	inventory (equipment on hand at the beginning date)	Date	
	Cost or Value		
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EXPENDI	TURES	Total Value (a)	
		T	1
Date	Supplies (s) or equipment (e) purchased or fees (f)	Designate s, e, or f	Cost
		3, 6, 011	
		Total Costs (b)	
	or value of equipment acquired during the year (sum of e above		
	ralue of beginning inventory (a)	+	
	g inventory value (add line 1 and line 2)		
4. Total	costs (b)	-	
5. <b>Profi</b> t	or loss (subtract line 4 from line 3)		
<u>EVALUA</u>	FION: (How well did I do?)		
Did you a	chieve your goals? When? How?		
What was	your biggest accomplishment?		
What was	vour biggest disappointment?		