WINNEBAGO COUNTY



**SHOOTING SPORTS PROJECT RECORD FOR 20**

Specific Shooting Sports Project(s):

|  |  |
| --- | --- |
| Things I plan to do and learn this year in this project are: (complete this box between Jan. 1 — May 1) | Check When Done |
|  |  |
|  |  |
|  |  |
|  |  |

Explain why you selected this project and how you feel about what you accomplished.

**Ways You Received Help This Year Include:**

**(check all that apply)**

**Exhibits in This Project:**

**Item Placing**

(additional page may be added)

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| --- | --- |
|  | Attended project training offered by my club |
|  | Attended project training offered at the county level |
|  | Attended project training offered at District or State Level |
|  | Guidance from 4-H Leader/4-H Club |
|  | Guidance from Parent/Guardian/Other Adult |
|  | Reading and use of 4-H project guides |
|  | Reading and use of literature, books, audio visual resources |
|  | Own knowledge |
|  | Help from friends/other youth |
|  | Other (describe) |

What did you learn or enjoy in the project this year?

What project related skill(s) would you like to learn or improve?



List at least 2 shooting sports related careers that you can identify.

Are your family or friends interested in this project with you? Yes No

If yes, what do you do together?

Are you interested in a career related to shooting sports?

Yes\_ No\_ Maybe\_

**Project Worth Statement**

Has this project been worthwhile to you? Why or why not?

Revised 12/2007