

Adams County 4-H Horse & Pony Project Plan

4-H Member Name: _____

Parent/Guardian Name: _____

Phone Numbers: _____

Horse's Name: _____

Description Of Horse (Breed, Color, Markings, Sex M/G):

Dates Of Clinics (4-H Horse Resource Leader Initials & Dates) For Participation Credit:

May: _____

June: _____

July: _____

Project Goals and when do you want to accomplish them by?

1. _____

2. _____

3. _____

Project Outcomes; What did you learn? Did you meet your goals & why?

1. _____

2. _____

3. _____