

Ceramic Project Summary Sheet St. Joseph County 4-H - Youth Program

(To be completed by member. Ceramics Project leader's signature required.)

ATTENTION: Use one (1) summary sheet for each article made.

Exhibitor Name _____ Club Name _____

Birth Date ___/___/___ Age by December 31 _____ No. Years Completed in Project _____

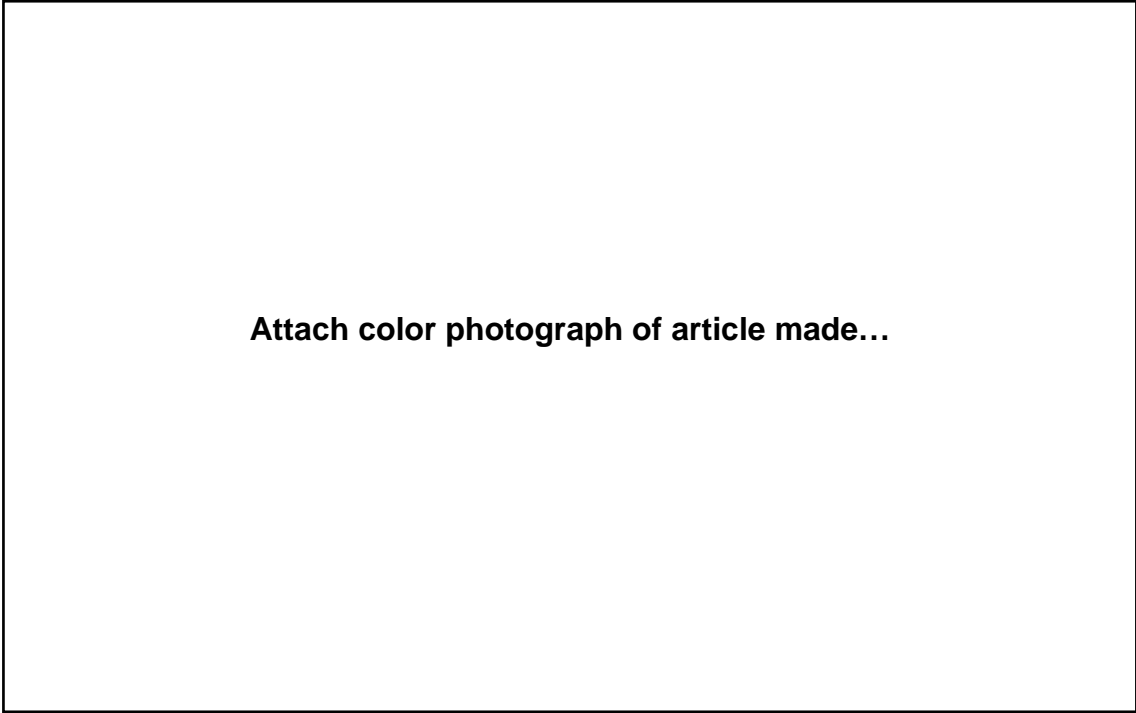
Ceramics Project Leader's Name (or non-leader resource person) _____

Ceramics Project: Department _____ Division _____ Section _____ Class _____

Type of article (check one): _____glazed _____under-glazed _____stained

_____other (please specify) _____

List steps used in making article: _____



What did you learn as a result of this project? _____

What did you enjoy most about this project? _____

What, if any, problems did you have while working on your project? _____

What are your plans for next year's project? _____

Member Signature _____ Date ____ / ____ / ____

Project Leader Signature* _____ Date ____ / ____ / ____

*Or signature of non-leader ceramics resource person.