

# Charlotte County 4-H Member Project Book



Name: \_\_\_\_\_ 4-H Year: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Jr  Int  Sr   
(as of Sept 2023)

Years in 4-H: \_\_\_\_\_ Grade in School: \_\_\_\_\_

Primary Club: \_\_\_\_\_

Project(s): \_\_\_\_\_

Club Leader: \_\_\_\_\_

I hereby certify as the exhibitor of this project; I was responsible for the care of the animal(s) or projects that I have worked with this year. I have kept records on my project(s) and have completed this record book myself.

Club Leader Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Exhibitor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you have any questions on sections in this record book, please ask your 4-H team.



## Beginning of the Year Goals

In the spaces below, set goals for your 4-H project this year. These goals are things that you would like to accomplish and learn.

Goal #1: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Goal #2: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Goal #3: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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My parent/guardian agreed to help me accomplish my goals by:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My Club leader agreed to help me accomplish my goals by:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Beginning Inventory

### Animal & Non-animal

List all animals, equipment, and assets you had at the beginning of the 4-H year. Include items like pens, hoses, buckets, wheelbarrows, brushes, books and so-on.

Description of Inventory	Quantity	Estimated Value
	Total	

# Purchases

## Animal & Non-animal

List all purchases made throughout the year for this project. Include items such as pens, hoses, buckets, wheelbarrows, brushes, books and so-on.

Date	Description of Product Purchased	Quantity	Total Cost
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
Page Total			\$

# Purchases

## Animal & Non-animal

List all purchases made throughout the year for this project. Include items such as pens, hoses, buckets, wheelbarrows, brushes, books and so-on.

Date	Description of Product Purchased	Quantity	Total Cost
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
		Page Total	\$
Expenses Total			\$

# Feed Record

## Animal

In this section, include all feed given to your animal each month. OPTIONAL Opportunity: Calculate the cost of amount fed per month. This is done by dividing the “Price of the bags purchased” by the “Amt fed per month” then multiply that answer time the “Amt fed per month”. Ex:  $\$35.00 / 87 = \$ .40$  then  $87 \times \$ .40 = \$34.80$

Month	Feed (Name/Size)	Quantity Bought	Price	Amount Fed per Month (lbs.)	Cost of Amount fed per month.
Aug	Carb Care 12% - 50lb Bag	2	\$35.00	87 lbs	\$34.80
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
Total			\$		\$
Total Cost of Amt Fed per month					\$

# Health Record

## Animal

List all health services provided by you or a veterinarian. Include: deworming, vaccinations, or injuries, and so-on. IF you do not have an animal, just remove this page.

Date	Animal & Tag #	Product Used or Service Provided	Dosage	Withdrawal Period	Cost
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
Total					\$

### Health Records - Drug Statement

*I hereby certify that any drug, antibiotic, or biological substance which may have been administered by me, or any other person, was done so in strict compliance with the manufacturer's label (and market animal if applicable) requirements.*

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Exhibitor Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Please fill out the following pages after the Charlotte County Fair!



# Ending Inventory

## Animal & Non-animal

List all assets you have on hand at the end of the year, this includes all listed items you still have from Beginning inventory and Expenses. (Do not include items from your Feed and Health records)

Date	Description of Item	Quantity	Estimated Cost
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
Page Total			\$





# Income

List all income made from your project Include sold items, Interview Prizes, Fair Booth Prizes, premiums, add-on, and so-on.

Date Received	Description of Income	Income Amount
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
Total		\$

# Financial Summary

Project Expenses (From Section B)	
Beginning Inventory	\$
Expenses	\$
Feed Record	\$
Health Record	\$
TOTAL Expenses	\$

Project Income (From Section C)	
Ending Inventory	\$
Income	\$
TOTAL Income	\$

Profit/Loss	
Total Income - Total Expenses = Project Profit or Loss	\$
For this year did you have a Profit or Loss with your project\$	
Check your answer:	Profit <input type="text"/> Loss <input type="text"/>

## Financial Reflection

How did you pay for this project?

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What did you learn from completing the financial summary? Did you make or lose money?

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How will your profit or loss influence what you do next year? What will you do differently?

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# Weight Record

## Animal (Skip if it does not apply)

To calculate Average daily gain take:  $2\text{nd Weight} - 1\text{st Weight} \div \# \text{ of days}$ , and so-on

Weight	Date	Average Daily Gain

# Goal Reflections

Reflect on the goals you set. Describe accomplishments that helped you meet your goals and weaknesses that caused you to not meet your goals.

Accomplishments/How you achieved your goals:

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Weaknesses/Things you will do differently next time to achieved your goals:

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## **Project Photos**

Pictures help to show your project, accomplishments, and work throughout the year. Pictures need to include captions describing what is taking place in the photo. There must be at least three photos with captions. Add pages if needed.

# **Project Photos, Continued**

# Member Story

This 4-H Story is a combination of all the projects worked in through the year. Include an introduce of the member and their projects. Include 4-H club experiences, leadership, community service, and outside interests. Also, include is how the member has grown and changed because of their 4-H experience. Add pages if needed.

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## **Copies of Purchase & Receipts**

These few pages are provided for you to keep track of your receipts of purchases for your project. Feel free to add more sheets as needed!

## **Activity & Educational Sheets**

These few pages are provided for you to keep track of your Activity & Educational Sheets that you do in your clubs or for yourself to learn more about your project. Feel free to add more sheets as needed!



# Charlotte County Record Book Directions

**General Rules** - 4-H books will be submitted annually to the 4-H Office to be eligible for clover awards. Books will be evaluated based on:

- 1) Completed by the member themselves
- 2) Accuracy
- 3) Neatness
- 4) Directions were followed

**Project Dividers** - Different projects need to be separated by dividers.

**Project Tabs** - Each project you are enrolled in will need to have the following pages.

**Section A** - Beginning Goals

**Section B** - Expense Records (Beginning Inventory, Purchases, Feed & Health Records)

**Section C** - Asset/Income Records (Ending Inventory & Income)

**Section D** - Financial Summary

**Section E** - Weight Records & Goal Reflections

**Section F** - Photos

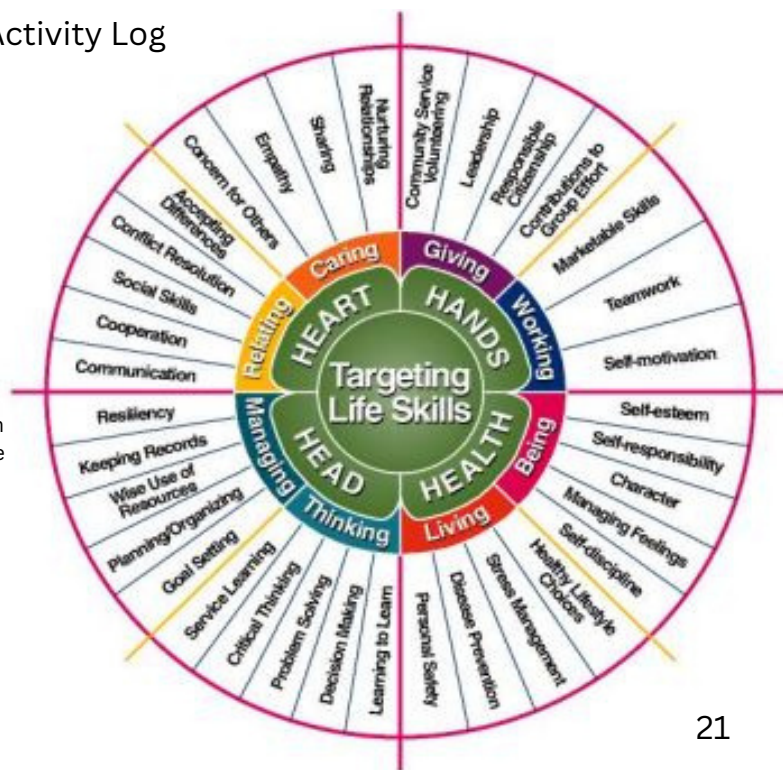
**Section G** - Story

**Section H** - Community Service & Educational Activity Log

**Section I** - Copies of Purchase Receipts

**Section J** - Activity & Educational Sheets

Extension programs are open to all regardless of race, color, sex, age, handicap, or national origin. In accordance with the Americans With Disabilities Act, any person needing a special accommodation to participate in any activity should contact the Bradford County Cooperative Extension Office at (904)966-6224 a minimum of seven (7) days prior to the event so that proper consideration may be given to the request. Hearing impaired persons may access the foregoing telephone number by contacting the Florida Relay Service at 1(800)955-8770 (voice) or 1(800)955- 8771 (TDD)



Original Version: Debbie Nistler, Bradford 4-H Agent 9/14  
Revised Version: Stephanie Conner, Clay & Bradford 4-H Agent & Kim Griffis, 9/16/2020  
Revised Version: Tara Holzendorf, Charlotte County 4-H Program Assistant, 3/14/2023

# Charlotte County Project Book Score Sheet

4-H Member: \_\_\_\_\_

4-H Club: \_\_\_\_\_

Jr  (age 8-10) Int  (age 11-13) Sr  (age 14-18)

Section	Possible Points	Earned Points
Cover	5	
Section A - Beginning Goals & Signatures	10	
Section B - Expense Records (Beginning Inventory, Purchases, Feed & Health Records)	10	
Section C - Asset/Income Records (Ending Inventory & Income)	10	
Section D - Financial Summary	10	
Section E - Weight Records & Goal Reflections	10	
Section F - Photos	10	
Section G - Story	20	
Section H - Community Service & Educational Activity Log	5	
Section J - Activity & Educational Sheets & Receipt Pages	10	
Date:	Judges Initials:	Total:

Comments:

# Charlotte County Project Book Score Sheet

4-H Member: \_\_\_\_\_

4-H Club: \_\_\_\_\_

Jr  (age 8-10) Int  (age 11-13) Sr  (age 14-18)

Section	Possible Points	Earned Points
Cover	5	
Section A - Signatures (pages 4, 5)	10	
Section B - Beginning Goals, About My Tree, & Project Chart (pages 7, 8, 9)	10	
Section C - Project Month Photos (pages 10 - 13)	10	
Section D - Care & Maintenance, Expenses (pages 14, 15)	15	
Section E - Project Story	20	
Section F - Photos	10	
Section G - Educational Backboard	10	
Section H - Pest & Disease Identification	10	
Date:	Judges Initials:	Total:

Comments: