



ANDROSCOGGIN-SAGADAHOE 4-H INDEPENDENT MEMBER QUARTERLY REPORT

Quarter:
Check Box

o Dec.
o March
o June
o Sept.

Name _____

Address _____

Report on the progress of your projects and activities.

Name of Project, (or the activity typed below)	What did you do in the project or activity during this quarter?
Participate in County Fair	
Community Service Activity	
Public Display or Demonstration	
Health or Safety Activity	

Please check the activities below as you complete them.

Participate in County Fair _____ Public Display or Demonstration _____
 Community Service _____ Health or Safety Activity _____

4-H Member's Signature: _____ Date: _____

Advisor's Signature: _____ Date: _____

Return to: UMaine Cooperative Extension, 24 Main St., Lisbon Falls, ME 04252