

MY 4-H PLANNING CALENDAR

EXAMPLE:

Date	Time	Event	Attended
10-14-12	2:00 pm	4-H Horse Club Meeting	<input checked="" type="checkbox"/>

It is optional to include the location of the event.

EXAMPLE:

Date	Time	Event	Attended
10-14-12	2:00 pm	4-H Horse Club Meeting <i>in covered arena at club leader's house</i>	<input checked="" type="checkbox"/>

Check the box for each event you attended with an "X" or a check mark.

If you wish to insert an X inside the box, do the following:

Right click on the box under Attended

Left click on Properties,

Left click on the circle with the option of "checked" under Default Value.

Add rows by putting your mouse just outside the border of the row above where you want a new row and hit enter.

O C T O B E R	Date	Time	Event	Attended
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

N O V E M B E R	Date	Time	Event	Attended
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

D E C E M B E R	Date	Time	Event	Attended
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

J A N U A R Y	Date	Time	Event	Attended
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

F E B R U A R Y	Date	Time	Event	Attended
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

M A R C H	Date	Time	Event	Attended
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

A P R I L	Date	Time	Event	Attended
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

M A Y	Date	Time	Event	Attended
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

