SPOKANE COUNTY RECORD BOOK

18 U.S.C. 707

Place your own photo here

Name: _____

Date of Birth: _____

Age: _____

Club: _____

4-H Division: JR ☐   INT ☐   SR ☐

Year in 4-H: _____

Project(s): _____
_____
_____
_____

REQUIREMENTS

PROJECT SUMMARY

COVER PAGE

Should have member's name and age, 4-H age group, 4-H Club name

TABLE OF CONTENTS

Identify all pages and where to find them

4-H EVENTS ATTENDED

Include the 4-H events involved with throughout the year, such as meetings, camps and other 4-H related activity

PROJECT GOALS

List 3-5 specific goals to work on for the year. Be specific when stating the goal. The advancement checklist may be helpful for goal ideas. Include a summary of whether the goal was reached of not, why, and what was learned during the process.

PROJECT RECORDS

ANIMAL RECORDS

Include horse certificate, hoof care record, and health record.Complete one record for each animal involved in the project.

FINANCIAL RECORDS

This should be all costs for care of members' animal, reflects show fees, activity fees, and health care fees throughout the year. Income pertaining to project should be recorded as well.

INVENTORY

This should be an inventory of all items pertaining to the animal project. Add and remove items to your list as the year progresses so the list stays current.

SHOW RECORD

List project competitive events with project animal, record specific events and placings.

EDUCATIONAL ACTIVITIES

These would be activites pertaining to the project such as camps and clinics.

GENERAL ACTIVITIES

COMMUNITY SERVICE

Activities participated in that benefit others, not the 4-H club or member.

LEADERSHIP

Include offices held in 4-H, school, or other groups, organizing a project for a club or group, or being a counselor.

PRESENTATIONS

Public speaking, title of presentation/demonstration, date, and where it was given and to whom.

4-H STORY

This should include your age, grade in school, and what school attended, when you joined 4-H and why, and how 4-H has influenced your life. Write it like a story.

SELF-EVALUATION

After completing your record book, fill out the record book score sheet provided on the website and add it to your record books. Evalute yourself based on the criteria listed on the score sheet.

SIGNATURE PAGE

Includes required signatures from 4-H Member, member's parent, and club leader.

> Members are encouraged to add photos, additional records if needed, and make the record book their own.

Remember: A completed 4-H Record Book is a requirement to qualify for year end awards. They must be periodically checked off at designated events, such as horse shows or camps.

TABLE OF CONTENTS

Create your own or edit the page numbers if you choose to add any extra pages.

October

Date	Event

November

Date	Event

December

Date	Event

January

Date	Event

February

Date	Event

March

Date	Event

Events

April

Date	Event

May

Date	Event

June

Date	Event

July

Date	Event

August

Date	Event

September

Date	Event

GOAL # 1:_____

Was goal achieved?_____

> What did you do to work towards your goal? Why or why not was it attained? What did you learn?

GOAL # 2:_____

Was goal achieved?_____

> What did you do to work towards your goal? Why or why not was it attained? What did you learn?

Goals

GOAL # 3:_____

Was goal achieved?_____

> What did you do to work towards your goal? Why or why not was it attained? What did you learn?

GOAL # 4:_____

Was goal achieved?_____

> What did you do to work towards your goal? Why or why not was it attained? What did you learn?

GOAL # 5:_____

Was goal achieved?_____

What did you do to work towards your goal? Why or why not was it attained? What did you learn?

How will my parents provide support to help achieve my goals and what will I do in return to help them?

Leader's Signature: _____ Date: _____

Parents Signature: _____ Date: _____

Leadership Projects

Date	Location	Activity

4-H Promotion in the Community

Date	Location	Activity

Place your own photo here

Community Service Projects

Date	Location	Activity

Spokane County 4-H
4-H Horse Certificate

Note: NO addendum form required.
$1 per form required.

Horse Cert #: _____

Office use only.

4-H Member's Name:_____ Date of Birth: _____

Parent/Guardians Name: _____

Address: _____ City:_____State: _____Zip code:_____

Phone: _____ Email: _____

Name of 4-H club: _____

Horse's Show Name (If applicable):_____ Horse's Barn Name: _____

Date Horse Born:_____

Sex: ☐Mare ☐Gelding ☐Stallion   ☐Registered OR ☐Grade (not registered)

Breed:_____ Name of Dam:_____ Name of Sire: _____

Identification of Animal: _____

When was the animal acquired for as a 4-H Project? Month:_____ Day: _____Year:_____

Horses can be three types:
- Project horse: certified by March 1 for Shows, State Fair, Year End Awards,
- Activity Horse: Certified after April 1 for shows, camps, clinics, hardships, shows, Spokane Interstate Fair . No points.
- Mentorship horse: A Sr. or Int. member may share their horse with a horseless member. A horse shared with a younger member. Younger member cannot go to State Fair. Mentor can qualify for shows, Spokane County Fair, WA State Fair, and Year End Awards.

Is this horse owned? ☐Yes ☐No
Is this horse leased? ☐Yes ☐No *** Please also include a copy of your lease agreement.***
Is this a project horse? ☐Yes ☐No
Is this an activity horse? ☐Yes ☐No
Is this horse being double certified (certified by any other 4-H member)? ☐Yes ☐No
Is the other certified member a sibling? ☐Yes ☐No ☐Mentee ☐ Mentor
Name of other person certifying this horse:_____
Note: Each horse and youth combination need to complete this form.

Draw color markings on each side and face, or provide picture of each side.

Health Care Records

Date	Type of Care

Hoof Care Records

Date	Type of Care

Date	Item	Category	Cost
3-25-18	Example: 1 bag Senior Feed	Feed	$21.99
4-7-18	Example: Saddle Pad	Tack	$25.00

Finances
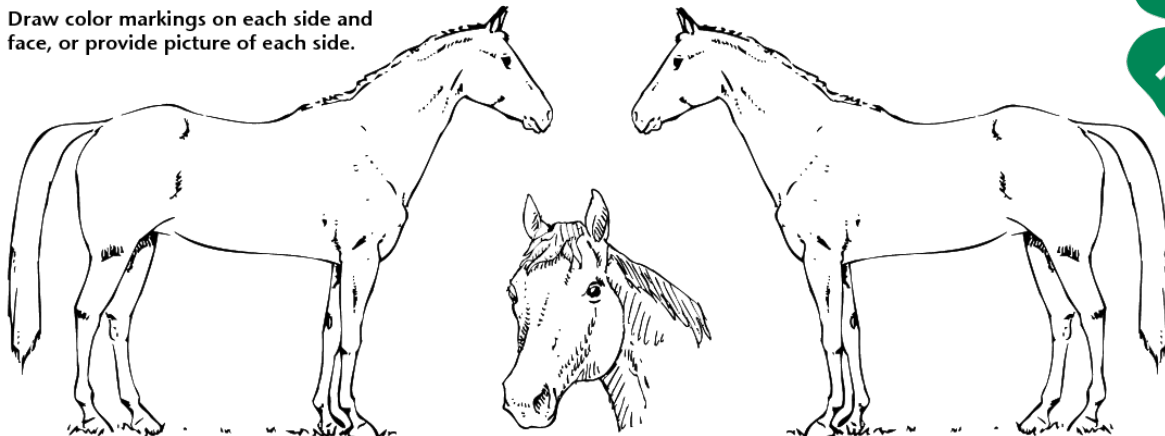
Month	Expense	Income
October		
November		
December		
January		
February		
March		
April		
May		
June		
July		
August		
September		
Totals		

Itemized Expenses

ENTRY FEES_____

TRAINING/LESSONS _____

TACK/CLOTHING _____

FARRIER/VET/HEALTH_____

FEED _____

MISC./OTHER _____

Total Project Cost: $ _____

Date	Horse Name	Name of Show	Class	Placing

Show Record

Educational Competitions

Date	Location	Event	Placing

Presentations

Date	Location	Presentation Given	Audience

Date	Horse	Hours

Date	Horse	Hours

TOTAL HOURS: _____

Saddle Log

SPOKANE COUNTY 4-H

TO MAKE THE BEST BETTER

18 U.S.C. 707

RECORD BOOK PROGRESS CHECK OFF

Date	Show or Event	Member Initial	Leader Initial

We have reviewed this record book and believe it to be true and completed by the 4-H member signing below.

Member _____ Date _____

Parent _____ Date _____

Club Leader _____ Date _____