

PROJECT LEADER AGREEMENT

CLUB: _____

DATE: _____

NAME(S): _____
(All Project Leaders/Assistant Project Leaders)

PROJECT: _____

I plan to hold _____ project meetings beginning on _____ and completing the
(number) (date)
project by _____ .
(date)

DATES, TIMES & LOCATION OF MEETINGS (TBD IS NOT ACCEPTABLE)

September _____	January _____	May _____
October _____	February _____	June _____
November _____	March _____	July _____
December _____	April _____	August _____

TOPICS TO BE COVERED:

SKILLS TO BE TAUGHT:

SUPPORTING ACTIVITIES (i.e., field trips, field days, events, speakers, etc.)

SIGNATURES: _____
Project Leader

Community Leader

Project Leader/Assistant Project Leader

Community Leader

Project Leader/Assistant Project Leader