MY TEEN LEADERSHIP PLAN

My Name_____ My Club_____

My Address_____Date_____

Approved By_____
Signature of Project Leader or Community Leader

My Responsibilities Are:_____

_____

_____

WHEN (Month)	WHAT I WILL DO (List Most Important)	I DID IT (Check)

OTHER ACTIVITIES I AM RESPONSIBLE FOR
(ex. offices held, community service, etc.)

_____

_____

_____

_____

PROJECT AREAS	NUMBER OF YOUTH INVOLVED

10/91
*** NO ADDITIONAL PAGES, PLEASE.**