

CERAMIC PROJECT RECORD

Number of Years in Ceramic Project: _____

What are your goals for this project?

A. _____

B. _____

Exhibits Description:

Type of Materials/Supplies or Equipment Used (note item and cost if applicable):

Item: _____

Cost: _____

Item: _____

Cost: _____

Item: _____

Cost: _____

Item: _____

Cost: _____

Item: _____

Cost: _____

Total Cost to you (if any): _____

PROJECT MEETINGS

Number of project meetings held: ____ Number I attended: ____ County meetings I attended: ____

Number of hours spent on exhibits: _____

