

**CHATHAM COUNTY 4-H  
YOUTH PERFORMANCE CONTRACT  
2004-2005 School Year**

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME TELEPHONE \_\_\_\_\_ GRADE \_\_\_\_\_ SCHOOL \_\_\_\_\_

PERFORMANCE GOAL: \_\_\_\_\_

Please circle the grading period for which this contract applies:    1<sup>st</sup>    2<sup>nd</sup>    3<sup>rd</sup>    nine weeks.

WE HAVE DISCUSSED AND AGREED ON THE PERFORMANCE GOAL STATED ABOVE.

**SIGNATURES**

PARTICIPANT \_\_\_\_\_ DATE \_\_\_\_\_

TEACHER \_\_\_\_\_ DATE \_\_\_\_\_

PRINCIPAL \_\_\_\_\_ DATE \_\_\_\_\_

**Complete portion below at end of nine-week period.**

**RESULTS:** \_\_\_\_\_

PARTICIPANT ACHIEVED HIS/HER GOAL DURING THE: (Circle One) 1<sup>st</sup>    2<sup>nd</sup>    3<sup>rd</sup>    nine weeks

Circle One:                                      YES                                      NO

**SIGNATURES**

PARTICIPANT \_\_\_\_\_ DATE \_\_\_\_\_

TEACHER \_\_\_\_\_ DATE \_\_\_\_\_

PRINCIPAL \_\_\_\_\_ DATE \_\_\_\_\_

**At the end of the nine-weeks, please have one person to collect all contracts and send them along with the contract completion form to the School Central Office via the school courier. Address the packet to Glenn Woolard with a note to call 542-8202 for us to pick up the packet. We will then call you to set up incentive.**

**Thanks for participating in the 4-H youth incentive program!**