

EAT SMART. PLAY HARD. TOGETHER.

RECORDING SHEET

Healthy North Dakota 4-H Club



NDSU | EXTENSION

Date ____/____/____ Teen leader(s) (if applicable) _____

Club name _____ County _____

Number of club members _____ Contact person _____

Address _____

Email address _____ Phone () _____

Has your club has been recognized as a "healthy club?" No Yes, for _____ years

Teen leader(s) completed survey? No Yes

Fill in the following table with the date and a short description of the activities your club did. Please attach photos, agendas or other items to showcase activities. Use a separate sheet of paper if desired. Return information to your county office of NDSU Extension no later than Aug. 15.

Category	Date(s)	Number of Club Members Involved	Description(s)
Setting			
Roll call			
Program			
Demonstration			

Category	Date(s)	Number of Club Members Involved	Description(s)
Recreation			
Refreshment/snacks			
Community pride			
Field trip/tour			
Healthful snack policy discussion (see activity provided) Did your club make or continue a healthful snack policy? <input type="checkbox"/> Yes <input type="checkbox"/> No			Types of snacks included in your healthful snack policy (list below):
Family Mealtime Challenge Clubs that participate in the "Family Mealtime Challenge" will receive special recognition in addition to the "Healthy 4-H Club" recognition.			Please collect comments from each participating family and record on the Family Mealtime Challenge 4-H Club Recording Sheet (Page 3 of this document): What is your family's best tip for making family mealtimes work?

At how many club meetings did you have healthful snacks? _____ meetings

Did/will you create a display for: county fair? Yes No State Fair? Yes No

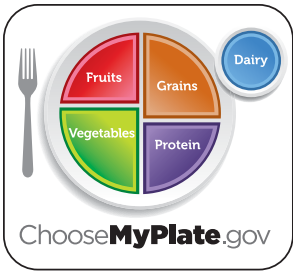
Visit North Dakota 4-H on-line at www.ndsu.edu/4h

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County commissions, North Dakota State University and U.S. Department of Agriculture cooperating.

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Family Mealtime Challenge 4-H Club Recording Sheet



Date _____/_____/_____

Club name _____ County _____

Number of families in club _____

Number of families who met the overall goal of the Family Mealtime Challenge
(five family mealtimes per week for a month) _____

Month/year of your club's Family Mealtime Challenge _____/_____

Total number of family mealtimes your participating families ate together _____

**Add the total number provided by each family.

Number of families who said "yes" to the question:

"Did you eat more family meals together this month compared with the usual?" _____ families.

Question for participating families:

What is your family's best tip for making family mealtimes work? (Add separate page(s) if needed. Please type or print neatly.)
