**This page is to be completed by the adult advisor, instructor, or mentor supervising the project. The mentor should turn in one page for ALL students competing in the Calaveras Project Competition.**

**School/Organization:**  **Instructor:**

**Email address: Dept. Phone:**  **Cell phone:**

|  |  |  |
| --- | --- | --- |
| **NAME** (*Alphabetical- Last Name, First Name* ) | **PROJECT ADDRESS**  **(Street, City, Zip)** | **YEAR IN**  **SCHOOL** |
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**ESTIMATED TRAVEL TIME:** How much **total time** do you estimate it will take to judge all your projects, allowing **20-30 minutes per entrant plus travel time**?

HOURS: MILES:

**This report is very important. It is the basis of the judges' travel schedule. Time for last minute arrangements is limited. Late reports will add to our difficulty. It is also the basis for banquet invitations.**

**The following pages should be completed by the youth member or student entering the project competition.**

**Name:**  **FFA Chapter/Organization/ Independent:**

(Please print your name as you would like it spelled on your certificate)

**No. Years in Agriculture:**  **School:**

**Age: Email:**

**Home Address:** (street, city, zip)  **Phone:**

**Project Address:** (if different than home address)

**Please indicate what category you would like your project to be evaluated in by checking the box.**

* Animal Systems
* Environmental & Natural Resources systems
* Food Products & Processing Systems
* Plant Systems
* Power Structure & Technical Systems

|  |  |  |  |
| --- | --- | --- | --- |
| **Previous Years Agriculture Project** *(Ownership or Occupational Experience Program)* | | | |
| Year | Description of Project | Scope (hours, head, acres) | Hours & Income |
|  |  |  |  |

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| --- | --- | --- | --- |
| **Previous Years Agriculture Project** *(Ownership or Occupational Experience Program)* | | | |
| Year | Description of Project | Scope (hours, head, acres) | Hours & Income |
|  |  |  |  |

In the space below describe how your project relates to your future goals: