



BCHC Youth Achievement Program Completion Form

Unit: _____

Date: _____

Participant's Name: _____

Age: _____

Description of Project/Activity: _____

Project/Activity Leader's signature verifying completion.

Parent may sign in the absence of a Project/Activity Leader

Attach photo of project/activity and give to the Unit Youth Leader

This information will be submitted to the BCHC VP of Youth Education and entered into the annual achievement award competition.