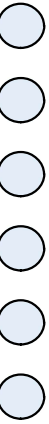


PROJECT NAME:

Pattern Source or Link:					
Make For:			Size:		
Occasion:			Finish by:		
Yarn Name:			Colors and Samples:	Dye Lot:	
Weight:		Amount:			
Yarn Notes:					
Hook/Needles:					



ACTION ITEMS

IDEAS & NOTES

<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		



FINAL ASSESSMENT

Started:	01/20/22	For:	
Completed:		Occasion:	
Difficulty:	★		
Recommend?	★		
Overall Rating:	★		

