

STUCK IN THE MIDDLE REGISTRATION FORM

MARCH 27-28, 2025



Cooperative
Extension Service

@ WKY 4-H CAMP

PARTICIPANT'S NAME: _____

AGE: _____ **GENDER:** _____ **RACE:** _____ **COUNTY:** _____

GUARDIAN'S NAME: _____

CELL: _____

T-SHIRT SIZE (CIRCLE ONE): S M L XL 2XL 3XL OTHER:

SPECIFIC NEEDS/ ALLERGIES: _____

REGISTRATION FEE: \$60.00

MAKE CHECKS PAYABLE TO YOUR COUNTY 4-H COUNCIL

FORMS:

ONLY THIS FORM SHOULD BE RETURNED WITH REGISTRATION. ALL OTHER FORMS SHOULD BE COMPLETED AND KEPT BY THE COUNTY AGENT OR CHAPERONE FOR RETREAT PARTICIPATION. PLEASE CHECK BELOW THAT THE PARTICIPANT HAS COMPLETED THESE REQUIRED FORMS:

_____ REGISTRATION FORM (ONLY SEND THIS FORM)

_____ PARTICIPANT INFORMATION FORM & CODE OF CONDUCT (PIE FORM)

_____ MEDICATION FORM (FOLLOWING TEEN CONFERENCE POLICY)

CLASS OPTIONS

SEVERAL CLASSES AND FUNSHOPS WILL BE OFFERED. SIGNUPS WILL BE ON THURSDAY. SOME CLASSES MAY REQUIRE A SMALL FEE, SO BE SURE TO BRING EXTRA CASH! DO NOT INCLUDE CLASS MONEY IN THIS PAYMENT.

**AGENTS, RETURN REGISTRATION FORM(S) ALONG WITH ONE PAYMENT (MADE PAYABLE TO LIVINGSTON COUNTY 4-H) ON OR BEFORE MARCH 14, 2025 TO:
LIVINGSTON COUNTY EXTENSION**

803 US 60 EAST

SMITHLAND, KY 42081

EMAIL REGISTRATION FORMS TO: SHAREE.SCHOONOVER@UKY.EDU

Cooperative
Extension Service

Agriculture and Natural Resources
Family and Consumer Sciences
4-H Youth Development
Community and Economic Development

MARTIN-GATTON COLLEGE OF AGRICULTURE, FOOD AND ENVIRONMENT

Educational programs of Kentucky Cooperative Extension serve all people regardless of economic or social status and will not discriminate on the basis of race, color, ethnic origin, national origin, creed, religion, political belief, sex, sexual orientation, gender identity, gender expression, pregnancy, marital status, genetic information, age, veteran status, physical or mental disability or reprisal or retaliation for prior civil rights activity. Reasonable accommodation of disability may be available with prior notice. Program information may be made available in languages other than English.
University of Kentucky, Kentucky State University, U.S. Department of Agriculture, and Kentucky Counties, Cooperating.
Lexington, KY 40506



Disabilities
accommodated
with prior notification.



STUCK IN THE MIDDLE COUNTY VERIFICATION

MARCH 27-28, 2025



Cooperative
Extension Service

AGENT NAME: _____

COUNTY: _____

TOTAL NUMBER OF DELEGATES	\$60	X	= \$
TOTAL NUMBER OF AGENTS	\$60	X	= \$
TOTAL NUMBER OF LEADERS	\$60	X	= \$
TOTAL AMOUNT DUE TO: LIVINGSTON COUNTY 4-H			\$

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