Central Region 4-H Youth Programs present

4-H

WINTERFEST

Saturday, February 6 and Sunday, February 7, 2010

9-12 year olds

Kettunen Center
Tustin, MI

Registration Cost: $15

Activities Include:

- Science Glop & Glob
- Recycled Crafts
- Shooting Sports & Ice Fishing
- Gifts from the Kitchen
- Jewelry Making

Contact Your MSU Extension Office by January 22

Portions of this activity are sponsored by a 4-H Participation Fee State Grant.
Session Choices

**Workshop #1 Saturday 1:00-2:00**
A Creative Snacking
B T-shirt Shopping Bag
C Money Money
D Chocolate Molding, Dipping, & Drizzling

**Workshop #2 Saturday 2:15-3:15**
E Creative Snacking
F T-shirt Shopping Bag
G Money Money
H Chocolate Molding, Dipping, & Drizzling

**Workshop #3 Saturday 6:15-7:15**
I Scrap Booking
J Nature Games
K Cupcakes-N-More
L Shooting Sports!

**Workshop #4 Saturday 7:30-8:30**
M Scrap Booking
N Nature Games
O Cupcakes-N-More
P Shooting Sports

**Workshop #5 Sunday 8:45-9:45**
Q Winter Jewelry
R Pamper You
S Composting With Worms
T Fish On!! - Ice Fishing & Pole Making

**Workshop #6 Sunday 10:00-11:00**
U Winter Jewelry
V Pamper You
W Composting With Worms
X Fish On!! - Ice Fishing & Pole Making

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**Schedule**

**Saturday, February 6th**

- 9:00-9:45  | Registration
- 9:45-10:15 | Welcome/Ice Breaker
- 10:15-10:30 | Break
- 10:30-Noon | Guest Speaker Program
- 12:15-12:45 | LUNCH
- 1:00-2:00  | Workshop #1
- 2:15-3:15  | Workshop #2
- 3:15-5:00  | Outdoor Activities & Games
- 5:00-6:00  | DINNER
- 6:15-7:15  | Workshop #3
- 7:30-8:30  | Workshop #4
- 8:30-10:00 | Group Activity
- 10:00-10:30 | Camp Songs
- 10:30-11:00 | Get Ready for Bed
- 11:00      | Lights Out—Good Night!

**Sunday, February 7th**

- 8:00-8:15  | Optional Inspirational Time
- 8:15-8:45  | BREAKFAST
- 8:45-9:45  | Workshop #5
- 10:00-11:00| Workshop #6
- 11:00      | SNACK & Wrap Up

*Youth must be picked up by 11:30 a.m.*

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MSU is an affirmative-action, equal-opportunity employer. Michigan State University Extension programs and materials are open to all without regard to race, color, national origin, gender, gender identity, religion, age, height, weight, disability, political beliefs, sexual orientation, marital status, family status or veteran status.
Date of last tetanus shot: ____________________________________________

Insurance Information:

Policy holder’s name: ____________________________________________

Relation to camper: ____________________________________________

We have insurance with the following company: __________________________

Address: __________________________________________________________

All policy numbers (please identify): ______________________________________

In an emergency, I hereby give permission to the physician selected by the adult responsible for the group to hospitalize and/or secure proper treatment for the child named on this form.

__________________________________________________________ Date
Parent/Guardian Signature

Release For Audio, Video, Film & Photographs

All adult and youth participants attending MSU-sponsored events must complete this section. Participants in MSU events are sometimes photographed and videotaped for use in MSU promotional and education materials.

I authorize Michigan State University to record and photograph my image and/or voice or that of my child for use by Michigan State University or its assignee in research, educational, and promotional programs. I understand and agree that these audio, video, film and/or print images may be edited, duplicated, distributed, reproduced, broadcast and/or reformatted in any form and manner without payment of fees, in perpetuity.

Name of youth: _______________________________________________________

_address:________________________________________________________________

City: _____________________ State: MI Zip: ______________________

Sec: M F Age: _______ Grade: _______ Phone: _________________________

Email: ________________________

4-H Member o Non-4-H Member o T-shirt Size ______

In case of an emergency:

Contact: ______________________ Phone: _________________________

Relationship: __________________________

Contact: ______________________ Phone: _________________________

Relationship: __________________________

We need adult volunteers to chaperone during camp.

o I would love to chaperone  Circle:  Saturday  Sunday  Overnight

o I would love to donate supplies or snacks

Residence: ___Farm ___Town Under 10,000 ___Town/city

Racial-Ethnic background: (for statistical purposes only)

____White, not of Hispanic origin  ____Asian or Pacific Islander  ____Hispanic

____American Indian or Alaskan Native  ____Black, not of Hispanic Origin

Handicapper Status: ___Emotional  ___Learning  ___Mental  ___Physical

Special Health Considerations: (if yes answers, please explain)

1) Are there any allergies to medications? ____________________________

2) Other allergies? ______________________________________________

3) Is the camper taking medications for any illness or problem? __________

4) Any special dietary considerations? _______________________________

5) Any restrictions on activities? __________________________________

Comments:

Please send registration and $15 payment to your County MSU Extension Office by December 1, 2009.