

Registration

Name: _____

Grade: _____ Club: _____

Circle:

CLOVERBUD (Grades K-2)

EXPLORER (Grade 3)

Are you currently enrolled in 4-H? (Circle) **YES** **NO**

Emergency Contact: _____

Phone Number: _____

E-mail: _____

Does the youth have any allergies (food, medication, outdoor, etc.) that we should know about?

We hope you are able to join us for a fun day of STEM activities! To register, please send in this form along with payment. The event is \$5.00 for the entire afternoon. This form, payment and signed Assumption of Risk form will complete your registration. Checks made payable to *UW-Extension*.

Contact: UW-Extension (262) 741-4951 Fax: (262) 741-4955

OR email forms to

Janel.heidelmeier@ces.uwex.edu

Address: 100 W. Walworth Street

P.O. Box 1001

Elkhorn, WI 53121

Registration and payment are due by Thursday, October 10 at 5:00pm in the Walworth County Extension office. The event will be on a first come, first serve basis. Limited to 30 youth.

An EEO/AA employer, University of Wisconsin Madison Division of Extension provides equal opportunities in employment and programming, including Title VI, Title IX and the Americans with Disabilities Act (ADA) requirements.

Requests for reasonable accommodations for disabilities or limitations should be made prior to the date of the program or activity for which it is needed. Please do so as early as possible prior to the program or activity so that proper arrangements can be made. Requests are kept confidential.

Cloverbud/Exploring Workshop