

## 2009 4-H Youth OSU Extension Workshops

**Due In Extension Office By:**  
Monday, May 1, 2009  
Fax (580)625-3880

Please check box to the left of workshop. All workshops are open to Beaver County Youth 9-18 years of age as of January 1, 2009, except ones designated for ages only. Postcards, with times of workshops, will be mailed out prior to workshop. If youth signs up for workshop and is unable to attend, parent must notify office at 625-3464 prior to workshop, due to limited workshop numbers.

<input type="checkbox"/>	Appliqued eye/sun glasses case	27-May-09
<input type="checkbox"/>	Shelf made from Books	28-May-09
<input type="checkbox"/>	Lamp Kit	1-Jun-09
<input type="checkbox"/>	Ipod Holder	2-Jun-09
<input type="checkbox"/>	Pillow Case	5-Jun-09
<input type="checkbox"/>	Bead Craft	8-Jun-09
<input type="checkbox"/>	Rockets	9-Jun-09
<input type="checkbox"/>	Clock	19-Jun-09
<input type="checkbox"/>	Gifts in a Jar	22-Jun-09
<input type="checkbox"/>	Chalk Board	23-Jun-09
<input type="checkbox"/>	Bird Feeder	29-Jun-09
<input type="checkbox"/>	Leather Craft	7-Jul-09
<input type="checkbox"/>	Fishing Knots	8-Jul-09
<input type="checkbox"/>	Birdhouse	9-Jul-09
<input type="checkbox"/>	Assembled Fishing Lures	13-Jul-09
<input type="checkbox"/>	Balko Workshop Day ( Bead & Leather Crafts)	14-Jul-09
<input type="checkbox"/>	Intermedate & Senior Photography	15-Jul-09
<input type="checkbox"/>	Forgan Workshop Day ( Gifts in a Jar & Chalk Board)	16-Jul-09
<input type="checkbox"/>	Wildflower	20-Jul-09
<input type="checkbox"/>	Junior Photography	21-Jul-09
<input type="checkbox"/>	Terrarium	27-Jul-09

<input type="checkbox"/>	<b>Home Environment Combo- Three Cordinating Items.</b> <b>Please pick one combo to complete Please tell us what color your room is so we can cordinate with it.</b> <b>Exercise mat, Pillow, &amp; Neck Pillow</b> <b>Picture Frame/Wall Hanging, Storgae Cubes, &amp; Foot Stool</b> <b>Coasters, Placemats, and Table Runner</b>	<input type="checkbox"/>
<input type="checkbox"/>		29-May
<input type="checkbox"/>		10-Jun
<input type="checkbox"/>		25-Jun
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>	Pioneer Days at the Museum	3-Jun-09
<input type="checkbox"/>	Fishing Clinic at Beaver Lake	1-Jul-09
<input type="checkbox"/>		
<input type="checkbox"/>		

\_\_\_\_\_  
Participant's Name

\_\_\_\_\_  
Participant's Mailing Address

\_\_\_\_\_  
Phone Number      Participant's Birthdate      Age

Our signatures below indicate that: We give permission for photos or videotapes of the member to be reproduced for promotional or educational purposes. We understand that failure to abide by the policies and regulations, including behavior, governing the 4-H program may result in loss of membership privileges.

\_\_\_\_\_  
Member's Signature

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date