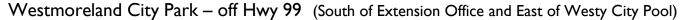
Sprouting into Summer 2021

Fun & Learning Day

Friday, June 11th 8:15am - 3pm



Attention Pottawatomie County YOUTH ages 7-12...

Come join the 4-H Ambassadors and fellow 4-Hers for a fun-filled day learning about 4-H projects in Horticulture, Arts & Crafts and much, much more! Bring a friend along and introduce them to fun in 4-H. It's going to be a great day with learning in the morning, swimming in the afternoon, and water games in between! Here is a schedule for the day:

7:30am – 8:15am ----- Arrive (Parents Sign-in and Drop-Off child to confirm registration requirements)

8:15am – 12:00pm --- Outdoor Hands-on Learning Stations, Snacks, and Games

12:00pm – 1:00pm --- Lunch and Water Games (Bring your own lunch)

1:00pm - 2:45pm ---- Swim at Westy City Pool

3:00pm ----- Depart (Parents pick-up child where they dropped off in the

morning. If your child needs an earlier release, please

communicate at Drop-Off in the morning and we will give further

details at that time.)

REGISTRATION:

Registration is open to 4-Hers and guests ages 7-12. Limited to 40 Youth!

DEADLINE - JUNE 1, 2021 with a <u>\$10 registration fee</u> to cover materials and swimming. Please use Registration Form in this document (2nd page) to register your child and mail to Extension Office.

Things to bring with you...

BRING YOUR OWN LUNCH

WEAR SWIMSUIT UNDER CLOTHES

TOWEL

CLOTHES & SHOES THAT CAN GET WET

ENTHUSIASM & CURIOSITY

SUNSCREEN

BRING A FRIEND!

Sprouting into Summer - Fun and Learning Day 2021 Registration Form

Complete form and submit with \$10 registration fee to the Extension Office by **June 1, 2021.**Make check payable to **Pottawatomie County 4-H Council.**Mail to: **Pottawatomie Co. Extension, P.O. Box 127, Westmoreland, KS 66549**



Name of Participar	nt	Parent/Guardian		
Phone # parent ca	an be reached the day of	the event		
Email				
2 nd Guardian Con	tact Info (Name and Phon	e Number):		
Participant Signa	ature			
Parent or Guardian Signature				
**If the participant	is <u>NOT</u> in 4-H. Please pr	int and sign the 4-H Code of	Conduct, found here.*	*
HEALTH ST	ATEMENT (To be filled	d in & signed by parents or guardia	<u>n;</u> if need more room pleas	e write on the back)
Last Name	First Name	Date of Birth	Age	Sex
Are there any allerg	jies (food, insect, etc.) that w	ve should know about? Or other	medical condition?	

K-State Research and Extension is committed to providing equal opportunity for participation in all programs, services and activities. Accommodations for persons with disabilities may be requested by contacting the event contact Daniel Skucius two weeks prior to the start of the event (May 28th) at 785-457-3319 or skuciusd@ksu.edu. Requests received after this date will be honored when it is feasible to do so.

Kansas State University Agricultural Experiment Station and Cooperative Extension Service

K-State Research and Extension is an equal opportunity provider and employer.

