

BARREN COUNTY 4-H CLOVERBITS

4-H YOUTH DEVELOPMENT





Cooperative Extension Service

Barren County

1463 West Main St. Glasgow, KY 42141 270-651-3818 FAX: 270-651-3744

> EMAIL: Ptarry@uky.edu www.barren.ca.uky.edu

DECEMBER 2024



Wishing you
Every happiness
This Holiday Season
And throughout
The coming year
~~~~

Happy Holidays!



# UPCOMING DATES

DECEMBER 10- 4-H COUNTRY HAM CONTRACTS AND MONEY DUE TO EXTENSION OFFICE (SEE FLYER)

DECEMBER 10- 4-H ART CLUB @ 6:30 @ EXTENSION OFFICE- EVERYONE WELCOME!

<u>DECEMBER 13</u>- 4-H FESTIVAL OF GIVING CHRISTMAS CARDS AND ITEMS NEED TO BE BROUGHT TO THE EXTENSION OFFICE BY FRIDAY. DECEMBER 13TH!!! SEE ATTACHED FLYER FOR ITEMS TO DONATE.

DECEMBER 13- 4-H TSHIRT ORDERS AND MONEY DUE TO EXTENSION OFFICE-(SEE FLYER)

DECEMBER 16- MCA 4-H ACHIEVEMENT NIGHT- INVITATION ONLY

<u>DECEMBER 17</u> – 4-H COOKING CLUB @ 6:00 PM IN EXTENSION OFFICE FRONT ROOM – DECORATING CHRISTMAS COOKIES - EVERYONE WELCOME!

<u>DECEMBER 17</u> – 4-H EAGLE EYES SHOOTING SPORTS MEETING **②** 6:00PM EXTENSION OFFICE AUDITORIUM – DISCUSS SHOOTING SPORTS DISCIPLINES, EQUIPMENT, ETC, EVERYONE WELCOME!

4-H CAMP GIFT CERTIFICATES- 4-H CAMP DATES—MAY 27-30!!! PURCHASE AT THE EXTENSION OFFICE



You are invited to participate in the 2024 Glasgow-Barren County Christmas Parade "Rock and Roll Christmas" on Saturday, December 7. Barren County 4-H will be represented in the parade with a truck. Each 4-H Club is ask to have at least 2 4-H members to represent their club. All 4-H members are needed to ride and share in the Holiday Spirit! Dress warmly (according to the weather!) Bring blankets to sit on!!! Plan to meet at 5:30 p.m. on Saturday, December 7th at Glasgow Middle School. Look for # 107 Everyone can pick up their 4-H'ers at the Southgate parking lot following the parade!!! Adults are needed to help chaperone! ((Anyone under 14 must be accompanied by adult)



If you are in the 6th-12th Grade you are eligible for the Jekyll Island 4-H Trip. Dates – April 8- 12, 2025. The cost is \$435/person. Please see the attached flyer for information. After the first 10 register –all others will be placed on a waiting list. More information is available at the Extension Office.

# Paula's Place

This is a beautiful time of year to reflect on the memories that we have made and look forward to the new year for exciting new opportunities. If you have any questions please contact me at the Barren County Extension Office at 1463 West Main Street in Glasgow or call (270) 651-3818 or email at ptarry@uky.edu or visit www.barren,uky.edu become our friend of Barren County Extension on Facebook. Our Office will be closed for the Holidays from December 24 until January 2nd. Enjoy this special time of year!

HOLIDAYS

Paula Tarry
Barren County Extension Agent
For 4-H Youth Development



#### Cooperative Extension Service

Yapo

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

Lexington, KY 40506

#### 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, pregnance, martial 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 thus English. University of Kentucky, Kentucky State University, U.S. Department of Agriculture, and Kentucky Counties, Cooperating.











Youth ages 9-18 Cost: \$70.00 Youth ages 5-8 & Adults Cost: \$50.00

All 4-H'ers are required to attend at least two of the three country ham curing sessions held at Clifty Farms in Scottsville, KY and present a speech at the Kentucky State Fair to complete the project and receive both hams.

# Registration Deadline: Tuesday, December 10, 2024

All checks will be made to Barren County 4-H Council and will be due to the Barren County Extension Office along with a signed contract by December 10, 2024.

# Final Country Ham Dates

All to be held at Clifty Farms, Scottsville KY

- Saturday, March 29
- Saturday, June 14
- Saturday, July 19
- Times to be determined at a later date

# 4-H YOUTH DEVELOPMENT





# 2025 Kentucky 4-H Country Ham Project

| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                        |                          |                                |  |
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| ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                        |                          |                                |  |
| TELEPHONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | COUNTY                                                                                                                                                                                                                                                                                                 |                          |                                |  |
| BIRTHDATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | GRADE_                                                                                                                                                                                                                                                                                                 |                          |                                |  |
| Please read each and initial you                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | understand the require                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ments of the project:                                                                                                                                                                                                                                                                                  |                          |                                |  |
| By taking part in the country ha                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                        | 4-H<br>Member<br>initial | Parent<br>/Guardian<br>Initial |  |
| Must complete 6 hours of train volunteer.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ing under the supervision                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | on of a certified livestock                                                                                                                                                                                                                                                                            |                          |                                |  |
| Giving a 3-5-minute presentation Junior (Born 2015-2011) Steps to a Outline, discuss, and describe the country ham project.  Senior (Born 2006 - 2010) Design a project.  More and more counties are build unlimited budget, design your | curing a country ham. The steps you took to cure a country ham curing facility their own country ham anties dream country ham believed to one of the step of the s | your ham for this year's ity for your counties ham m houses. You have an house and curing facility. e poster board, you can use T LEAST 2 MINUTES LONG OR o remain at County e individuals homes/facilities. ou will forfeit both hams, Upon will be charged and if the icipate in next years' country | conclusio                | on.                            |  |
| Parents Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Completion of the 4-H Country Ham project makes 4-Her eligible to apply for Country Ham Scholarship, applications are due July 2025.                                                                                                                                                                   |                          |                                |  |
| 4-H'er Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | AGENTS NOTICE:  If your county misses the July 1 deadline to certif your county registration and your volunteer                                                                                                                                                                                        |                          |                                |  |
| Agent Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | worker for state fair, you w<br>participate in the Country                                                                                                                                                                                                                                             |                          |                                |  |

Agents please scan this document into 4-H Online when you sign up youth.

Lexington, KY 40506

#### Cooperative Extension Service

MARTIN-GATTON COLLEGE OF AGRICULTURE, FOOD AND ENVIRONMENT

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





# Join Mammoth Cave Area as we explore

# University of Kentucky



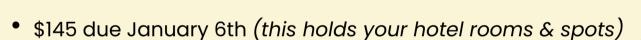


April 8-12, 2025

# Cost: \$435

(includes charter bus, lodging, camp stay, meals, classes & t-shirt)

\*will have to pay for 3 meals, souvenirs & stop at Buc-ee's



- \$145 due February 6th
- \$145 due March 6th

## **Classes Will Include:**

- **Beach Ecology**
- Maritime Forest Ecology
- Salt Marsh Ecology
- Herpetology
- Slough Study
- Shark Dissection
- Salt Water Fishing
- Night Walk on Beach
- Campfire
- Sand Sculpting



**SPACE IS** LIMITED: **10 YOUTH &** 1 ADULT

#### Cooperative **Extension Service**

Agriculture and Natural Resources Family and Consumer Sciences I-H Youth Development

#### MARTIN-GATTON COLLEGE OF AGRICULTURE, FOOD AND ENVIRONMENT





# Mammoth Cave Area 4-H Camp Jekyll Pre-Registration Form April 8-12, 2025 Total Cost: \$435

Please complete the pre-registration form and return to your county extension office along with the \$145 deposit by Monday, January 6th. Space is limited and spots will be given on first come, first serve basis.





| Deposit due by 1/6/2025 | \$145<br>\$145 |
|-------------------------|----------------|
| 2/6/2025                | \$145          |
| Final due by 3/6/2025   |                |

| Name                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                |                                                             | Birthdate                              | e/             | /     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|----------------------------------------|----------------|-------|
| Mailing Address                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                |                                                             |                                        |                |       |
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| Race: (circle one) White                                                                                                                                        | Black                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | American India                                                                                                                                                                 | n Asian                                                     | Native                                 | Hawaiian       | Other |
| Ethnicity: Hispanic                                                                                                                                             | Non-Hispanic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Gender: (circle one) M                                                                                                                                                         | ale/Female                                                  | Age                                    | as of 1/1/2    | 2025: |
| School Attending _                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                | Grade (2                                                    | 024-25 sch                             | ool year)      |       |
| Custodial Parent(                                                                                                                                               | s)/Guardians(s) I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Name                                                                                                                                                                           |                                                             |                                        |                |       |
| Home Phone                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Cell Phone                                                                                                                                                                     |                                                             | Work Phone                             | e              |       |
| Email                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                |                                                             |                                        |                |       |
| T-shirt Size: (circle one)                                                                                                                                      | Adult: Extra Sma                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ll Small Med                                                                                                                                                                   | ium Large                                                   | X-Large                                | 2X Large       |       |
| Will the participant need                                                                                                                                       | special accomm                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | odations while at cam                                                                                                                                                          | o due to any al                                             | lergies, disa                          | bilities, or o | other |
|                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ·<br>                                                                                                                                                                          |                                                             |                                        |                |       |
| <ul> <li>My child's registration</li> <li>No refunds will I</li> <li>The final payment is a spot and it will be given</li> <li>My child and a parent</li> </ul> | n/health packet in the packet | form is due no later the<br>must be returned to yo<br>/30/2025.<br>e balance is not paid by<br>erson on the waiting list<br>attend a Camp Jekyll C<br>vailable on a first come | ur county extent<br>the deadline (<br>:.<br>Prientation Mee | nsion office<br>(3/6/25) the<br>eting. | -              |       |

#### Cooperative **Extension Service**

Parent/Guardian Signature

MARTIN-GATTON COLLEGE OF AGRICULTURE, FOOD AND ENVIRONMENT Educational programs of Kentucky Cooperative Extension serve all people regardless of economic or social status

Date

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





# T-SHIRT ORDER FORM

**DEADLINE: DECEMBER 13TH** 



# **BARREN COUNTY 4-H**

270-651-3818 paula.tarry@uky.edu 1463 West Main St. Glasgow, KY 42141

## PRICE: **ADULT \$20 YOUTH \$18**

#### **ORDER INFORMATION**

NAME: **PHONE: EMAIL:** 



#### **PAYMENT METHOD**







#### **PICKUP**

Pickup at the Barren County Extension Office 1463 West Main St. Glasgow, KY 42141

| Adult \$20 | Youth \$18 | Qty | TOTAL |
|------------|------------|-----|-------|
| S          | S          |     |       |
| M          | M          |     |       |
| L          | L          |     |       |
| 1X         |            |     |       |
| 2X         |            |     |       |
| <b>3</b> X |            |     |       |
| 4X         |            |     |       |
| <b>5</b> X |            |     |       |

| TOTAL: | PAID ON: | OWES: |
|--------|----------|-------|
|        |          |       |

# 4-H FESTIVAL OF GIVING

FOR STATE HOSPITAL NURSING HOME RESIDENTS

# THE STATE OF THE S

## **ITEMS NEEDED:**

INDIVIDUAL (SMALL) PACK OF TISSUES
INDIVIDUAL LOTIONS
FLEECE BLANKETS
SMALL FIGURINES
SMALL PICTURE FRAMES
POWDER
JEWELRY FOR WOMEN
COMBS AND BRUSHES
STATIONARY/PENS
CALENDARS
TOOTHPASTE/TOOTH BRUSHES

CAPS
AFTERSHAVE FOR MEN
MOUTHWASH
HANDKERCHIEFS
NON SKID SOCKS
DEODORANT
NOTEBOOKS
PENS/PENCILS
BODY WASH
BOXES OF ALL OCCASION CARDS

LARGE BOXES OF TISSUES

MAKE-UP FOR WOMEN - BLUSH, LIPSTICK

For more information, contact the office at 270-651-3818

You may drop off items to Barren County Extension Office 1463 West Main Street BY DECEMBER 13 - UNWRAPPED