



Fayette County 4-H  
University of Kentucky  
College of  
Agriculture  
Project Ed-UK-ation Day



18 U. S. C. 707

When: Tuesday, November 17, 2009

Time: 9:00 a.m. until 3:00 p.m.

Who: Fayette County Youth ages 9-12

Cost: \$10

(Cost includes special program, lunch and snacks,  
T-Shirt, and a goodie bag)

To Register— Complete the back of this form and return  
with check or money order payable to Fayette County 4-H Council  
no later than Monday, November 9th to:

Fayette County Extension Office  
Project Ed-UK-ation Day  
1140 Red Mile Place  
Lexington, KY 40504



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Register by November 9th—Limited Space Available!

Scholarships Available—Call



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Disabilities accommodated  
with prior notification.

*Educational programs of the Kentucky Cooperative Extension Service serve all people  
regardless of race, color, age, sex, religion, disability, or national origin.*

Agriculture & Natural Resources • Family & Consumer Sciences • 4-H/Youth Development • Community & Economic Development

# Fayette County 4-H Project Ed-UK-ation Day Camp Camper Registration Form



Camper Name: \_\_\_\_\_ Camper's Age: \_\_\_\_\_  
\*Sex: \_\_\_\_\_ \*Race: \_\_\_\_\_ Camper's T-shirt Size: \_\_\_\_\_

\*Necessary to comply with affirmative action-Civil Rights Standards

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone #: \_\_\_\_\_ Parent E-mail \_\_\_\_\_

Parent/s Name: \_\_\_\_\_

Daytime Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone # \_\_\_\_\_

Alternate Pickup Person: \_\_\_\_\_ Relationship: \_\_\_\_\_

Alternate Pickup Person: \_\_\_\_\_ Relationship: \_\_\_\_\_

OTHER:

Allergies (Food or Medical):  
\_\_\_\_\_  
\_\_\_\_\_

Special Dietary Requirements:  
\_\_\_\_\_  
\_\_\_\_\_

**Publicity Release:** I grant the University of Kentucky Cooperative Extension Service permission to photograph/videotape me/my child for possible use in brochures/videos/Web sites/news articles, etc. promoting participation in Extension program (s). I understand that talent fees will neither be sought nor given.

I have read the above statement before signing and warrant that I fully understand its contents.

Signature of Parent/Guardian: \_\_\_\_\_ Printed Name of Parent/Guardian: \_\_\_\_\_

Please check : \_\_\_\_\_ I give permission for my child's name/county to be included in publicity.  
\_\_\_\_\_ I do not want my child's name/county to be included in publicity.