



4-H TEEN CONFERENCE REGISTRATION FORM

(PLEASE PROVIDE ALL THE REQUESTED INFORMATION. PLEASE TYPE OR PRINT LEGIBLY)

AGENTS: Please check to see all information is complete and legible. A separate registration should be completed for ALL attendees including agents, volunteers, leaders and youth delegates. **(DO NOT SEND THE PERSONAL INF/ENROLLMENT FORM. CHAPERONE SHOULD KEEP THIS)**

DISTRICT		COUNTY	
LAST NAME		FIRST NAME	
ADDRESS		SUBSTITUTION INFORMATION:	
CITY		REPLACING:	
STATE		COUNTY:	
ZIP CODE		DISTRICT:	
AGE	GRADE:	Attending for 4-H Achievement Program only?	YES <input type="checkbox"/> NO <input type="checkbox"/>
PARTICIPANT CELL PHONE (or other contact number):		List Achievement Award receiving.	
PARTICIPANT EMAIL:		Have you attended 4-H summit (middle school conference)?	
		Are you a high school graduate in 2017 or earlier?	
SEX	___ Female ___ Male		
RACE (check all that apply)	___ Asian ___ African American/Black ___ Caucasian/White ___ Native American		
ETHNICITY	___ Hispanic ___ Non-Hispanic		
PARENT/GUARDIAN	Last Name:	First Name:	
PARENT/GUARDIAN	Cell Phone:	Email:	
EMERGENCY CONTACT	Last Name:	First Name:	Cell Phone:
TSHIRT SIZE	___ Small ___ Medium ___ Large ___ XLarge ___ XXLarge ___ XXXLarge		
CATEGORY	DELEGATE <input type="checkbox"/>	AGENT <input type="checkbox"/>	INTERN/PA <input type="checkbox"/>
FASHION REVUE DUE May 11th!	CO. WINNER <input type="checkbox"/>	ESCORT <input type="checkbox"/>	NARRATOR <input type="checkbox"/>
			ESCORT AND/OR NARRATOR FORMS MAILED TO FR COORDINATOR? YES <input type="checkbox"/> No <input type="checkbox"/>
Are you a CURRENT member of one of the following councils/boards?	___ State 4-H Teen Council ___ State Performing Arts Troupe/Leadership Board ___ State Fashion Leadership Board ___ State Science, Engineering & Tech Leadership Board ___ State Shooting Sports Ambassadors/Board		

___ A copy of the Participant Information/Enrollment form has been submitted with this registration OR is on file with the County 4-H Office. All code of conduct guidelines on this form are applicable for this conference. (Please check to indicate agreement)

___ The parent/guardian has reviewed this application and approved all selected classes (tracks & workshops).

Parent/Guardian Signature:	Date:
Delegates Signature:	Date:



NAME:	COUNTY:
--------------	----------------

Tracks and Workshops

Each delegate/adult must select four choices. Use letters or numbers for appropriate selections. Failure to provide four different choices may result in assignment to a class that was not on your list of choices. Some workshops are taught on both Tuesday and Wednesday. Please only take one session of these workshops. If you are enrolling in Fashion Revue (FR), Performing Arts Troup (PAT) or Spotlight (SPOT), please select this as your TRACK, TUESDAY WORKSHOP and WEDNESDAY WORKSHOP (all three). Also provide alternate selections in case you are not chosen for these offerings.

All adults are required to sign up for classes. All adults failing to make a selection will be assigned by the State 4-H office. **Adults are needed as chaperones.** Please be responsible and attend all assigned programs.

SUPER SEMINARS: Delegates that take part in a selected group of tracks/workshops around a central topic will be honored for their participation and completion of eight educational hours within that topic. This will include a certificate, letter of accomplishment and recognition at the closing assembly of Teen Conference. If you are taking part in a super seminar, please indicate the optional section below. You should also indicate the selected tracks and workshops individually.

TRACK CHOICE: (Tuesday and Wednesday Morning) You will participate in one track. Chose four options from the list provided.

- ___ 1st Choice (Use the Code Letters on the Track/Workshop Description Form)
- ___ 2nd Choice
- ___ 3rd Choice
- ___ 4th Choice

I am leading track: (list code letter)	
I am assisting with track: (list code letter)	

WORKSHOP CHOICE: (Tuesday and Wednesday Afternoon)

TUESDAY CHOICE

- ___ 1st Choice
- ___ 2nd Choice
- ___ 3rd Choice
- ___ 4th Choice

WEDNESDAY CHOICE

- ___ 1st Choice
- ___ 2nd Choice
- ___ 3rd Choice
- ___ 4th Choice

	TUES	WED
I am leading workshop: (list code number)		
I am assisting with workshop: (list number)		

The following is an optional series of tracks/workshops. If you would like to be considered for this series, please select the appropriate classes (above) and then indicate which super seminar with which this corresponds.

OPTIONAL - SUPER SEMINARS: (this should correspond with your class selection above)

- ___ **Agriculture** (Track A, Tuesday #25, Wednesday #68)
- ___ **Family & Consumer Science** (Track C, Tuesday #1, Wednesday #96)
- ___ **Health** (Track KK, Tuesday #47, Wednesday #99)
- ___ **Science, Engineering and Technology** (Track JJ, Tuesday #43, Wednesday #91)
- ___ **Leadership & Civic Engagement** (Track LL, Tuesday #46, Wednesday #98)
- ___ **Natural Resources** (Track E, Tuesday #2, Wednesday #70)

HOUSING:

Name of Preferred Roommate:	County:
Special Considerations:	
Comments (special housing needs, etc)	

County Office Use Only: (this person is replacing)

Name:	County:	Gender:
-------	---------	---------