

2009 - 2010 4-H Outreach Registration Form

School: _____

Contact: _____

School Phone: _____

School E-mail: _____

Address: _____

Grade: _____

- Please schedule multiple classes for consecutive one-hour sessions so the presenter will not have empty blocks of time.
- The optimum number of students per session is 25.
- In the event of a conflict you will be notified
- Return completed request form to the 4-H office. Reservations will be logged in as received and confirmation letters will be sent.
- Please provide e-mail address so notification of program needs or changes can be communicated.
- NOTE: Payment is appreciated with registration.
- Use a different box for each program .
- Write program name in box.
- THIS WILL BE THE ONLY PUBLICATION FOR THE 2009- 2010 SCHOOL YEAR.
- Find Additions on line @ ccesaratoga.org, click on "4-H," then "school programs"

Sample

_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Classroom Presentations	# Classes	# of kids	Day of Week	Time	Teacher(s) Names

Note: Due to the growing amount of programs offered, some have been moved to the back of this page. If you have not found the program that you want please turn this over.

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Incubation & Embryology

Session	# Incubators	# Doz. Eggs	Teachers
1: 3/2/10 - 4/2/10			
2: 4/20/10 - 5/24/10			

Training and Pick up Day

Session	Time	Teachers
1: 3/2/10	4:30 pm	
2: 4/20/10	4:30 pm	

Bluebirds in New York Workshop

Session	# Houses	# Children	Teacher & Grade
1: 4/19/10			
2: 4/22/10			

Field Days

Field Day	Grade	# of classes	# of Students
Animals, Food & Ag. Life 5/11/10	1st & 2nd & 3rd		
Environmental 5/13/10	3rd & 5th & 6th		
Heritage 5/19/10	4th		

Return this form to: Education Outreach
 Cornell Cooperative Extension
 50 West High Street
 Ballston Spa, NY 12020

OR Fax it to us at: 885-9078
 Attn: Education Outreach