April 6th, 2018

Registration Form

Please provide the information requested below for each junior participant in your group, including T-shirt size (if a "youth" size is required, please indicate).

We will group participants into "Junior" and "Senior" groups for the contest. So, for each participant below, please indicate their age.

For each participant please mark "Meal Option 1"(chicken) or "Meal Option 2"(pulled pork).

-Each meal with come with main dish, coleslaw, buttered roll and drink.

If dietary restrictions, please explain specific dietary requirements in the space provided at the bottom of the page—we will do our best to accommodate!

REGISTRATION FEE is \$40.00

Parents, group leaders, and other adult attendees may join the juniors and will only be charged for meal expenses (\$12.00/adult) if ordered.

Additional T- Shirts may be purchased for and additional cost of (\$15.00/shirt)

**ALL YOUTH UNDER THE AGE OF 17 YEARS OF AGE MUST BE ACCOMPAINED BY AN ADULT.

For questions or additional information, please contact:

Event Chair: Melissa Keller- kellerm144@cobleskill.edu

Club Advisor: Ben Weikert- weikerbs@cobleskill.edu

Send form and payment to: be-SUNY Cobleskill, 315 CANR, Cobleskill NY 12043.

Postmarked by MONDAY, MARCH 25th, 2019. We cannot guarantee t-shirts for late registrants.

Group/Family Name:					
Signature of Chaperone:					
Phone:		Email:			
Mailing Address:					<u></u>
Participant Name	Age	Junior (12 and	T- Shirt Size	Meal	Meal Option 2
T di ticipant Name	Age	Under) or Senior (13+)?	(Youth/Adult)	Option 1 (Chicken)	(Pulled Pork)
			-		l
*If there are any dietary re	strictions, p	lease indicate here-			

Schedule:

7:30 – 8:00 A.M – Arrival and Check- In

8:05 – 8:25 A.M – Welcome, Icebreaker, Breakout Groups

8:30 – 9:05 A.M – Species Rotation 1

9:10 – 9:45 A.M – Species Rotation 2

9:50 – 10:25 A.M – Species Rotation 3

10:30 – 11:05 A.M – Species Rotation 4

11:10 – 11:40 A.M – Tour

11:45 – 12:45 P.M – Lunch

12:50 – 1:25 P.M – Practice Class

1:30 – 4:00 P.M – Judging Contest and Reasons

4:05 – 4:15 P.M – Evaluations and Feedback

4:15 P.M – Results

Total # of Participants @ 40.00 each : _____ X \$40.00 = \$____

Total # of Adult/Parent Meals: ____ X \$12.00 = \$____

Indicate Meal Choice Here: ____

Total # of Additional T-Shirts: ____ x \$15= \$____

Indicate Sizes HERE for Additional Shirts; _____

*PLEASE MAKE ALL CHECKS PAYABLE TO: SUNY Cobleskill SGA

* Please send in with an attached photo release form for each participant

4:30 P.M - Thank You and Safe Travels Home