



THE UNIVERSITY OF ARIZONA
COLLEGE OF AGRICULTURE & LIFE SCIENCES

Cooperative Extension



CLOVER COMMUNICATOR YAVAPAI COUNTY 4-H NEWS JUNE 2019

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You may view a color copy of this
newsletter online at:

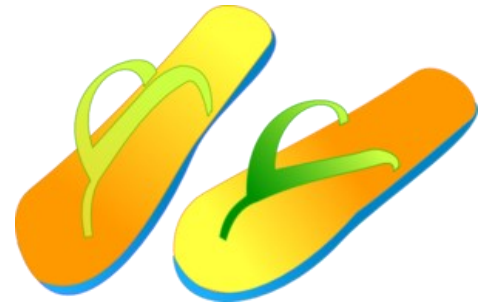
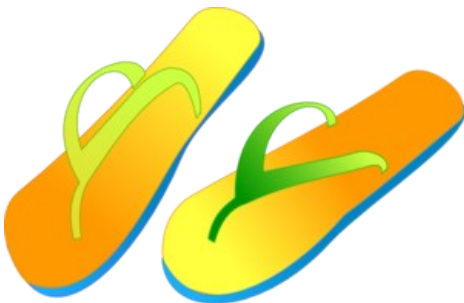
[http://extension.arizona.edu/4-H/
yavapai](http://extension.arizona.edu/4-H/yavapai)

Stacy DeVea
4-H/STEM
Program Coordinator, Sr.

Shirley Vasovski
4-H Club Program Coordinator

Lisa Gerber
Administrative Associate

June 1	Yavapai County Fair online entry all departments open https://www.yavapaifair.com/departments.html
June 2	Yavapai 4-H Horse Show Horse ID Deadline
June 3	Record books due to 4-H state office for National 4-H Congress Eligibility
June 3 - 7	Lego Robotics Camp - University of Arizona Campus Tucson
June 8	Yavapai 4-H Gymkhana entry deadline
June 10 - 14	J.O.L.T - Camp Shadow Pines, Heber
June 15	Arizona 4-H Youth Summit Regular Registration deadline
June 17	Leaders Council Open Meeting 6:00 PM Shelby Hansen Room
June 22	Yavapai 4-H Gymkhana 8:00 AM Olsen's Grain Chino Valley Arena
June 23 - 29	Citizenship Washington Focus https://extension.arizona.edu/4h/national-programs
June 25	Dog Committee Meeting 5:30 pm via Zoom Link: https://arizona.zoom.us/j/312708817 Call in: +16699006833 Meeting Code: 312708817#
June 30	Arizona 4-H Youth Summit Late Registration deadline
July 6	Prescott 4th of July Parade
July 7 - 11	MoYava Summer Camp - James 4-H Camp Mingus Springs
July 15 - 19	Natural Resource Conservation Workshop (NRCWAY)
July 25	Arizona 4-H Clover Ball (In conjunction with Arizona 4-H Youth Summit) University of Arizona, Tucson
July 23 - July 26	Arizona 4-H Youth Summit University of Arizona, Tucson
July 31	Student Heritage Keeper Scholarship Application Due https://www.visitwhc.org/scholarship.html
August 17	Yavapai Horse Show entry deadline
August 31	Yavapai Horse Show 8:00 AM Olsen's Grain Chino Valley Arena



Issued in furtherance of Cooperative Extension work, acts of May 8 and June 30, 1914, in cooperation with the U.S. Department of Agriculture, Jeffrey C. Silvertooth, Associate Dean & Director, Extension & Economic Development, Division of Agriculture, Life and Veterinary Sciences, and Cooperative Extension, The University of Arizona. The University of Arizona is an equal opportunity, affirmative action institution. The University does not discriminate on the basis of race, color, religion, sex, national origin, age, disability, veteran status, sexual orientation, gender identity, or genetic information in its programs and activities.

IMPORTANT LINKS

Applications to MoYava Camp and Arizona 4-H Youth Summit on the following pages

The following medical information about this 4-H'er is for the purpose of obtaining immediate medical attention necessary and instituting adequate precautions and/or programs to make 4-H Camp a safe and enjoyable experience.

Family Doctor _____ Phone _____

Regular medication required
(Insulin, Antihistamine, etc.)

Type of activities prohibited due to physical limitations

_____	_____
_____	_____
_____	_____

Allergies (Food, drug, insect, etc)

Immunization Dates *(required)*

_____	Measles/Mumps _____
_____	Tetanus _____
_____	Other _____

This certifies that the above named 4-H member is physically able to participate in 4-H activities with the exception of the items listed. In the event of injury or illness to my child, I authorize the Camp Director or Nurse to arrange for necessary and appropriate medical treatment by any doctor licensed to practice medicine in the State of Arizona, and I agree to pay all doctor and hospital bills.

SIGNED AND APPROVED BY _____
(Parent or Legal Guardian)

GUN & ARCHERY SAFETY PROGRAM - The 4-H Camp program includes a gun and archery safety program. This certifies that the above-named 4-H member has my permission and consent to take part in group activities and to handle firearms (pellet gun) and archery equipment under the guidance of a certified adult instructor while the group receives supervised instructions and training at the 4-H Camp.

I understand that any live ammunition used in this course will be furnished by the instructor and that the camper will **NOT bring live ammunition or firearms to camp.**

Participation in the Gun Safety and Archery Program is optional. Please check if you wish your child to participate.

Archery	_____ May Participate	_____ May Not Participate
Gun Safety	_____ May Participate	_____ May Not Participate
Water Activities	_____ May Participate	_____ May Not Participate

Date Signature of Parent or Guardian

Persons with a disability may request a reasonable accommodation, such as a sign language interpreter, by contacting our office. Requests should be made as early as possible to allow time to arrange the accommodation.

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The University of Ariz sex, national origin, age, disability, veteran

Mohave/Yavapai 4-H Camp
Permission to Swim Form

Must have completed form or you will NOT be allowed to swim!



REGULAR REGISTRATION

2019 MoYava 4-H CAMP

July 7 - 11, 2019 Due June 14th

Office Use Only

Date rec'd _____

Cash _____ m.o. _____

Ck# _____

I would like to make reservations for the Mohave/Yavapai County 4-H Camp to be held at Mingus Springs Camp near Prescott, AZ. The camp will begin on Sunday, **July 7** at 2:00 p.m. and end the morning of Thursday, **July 11th**. Total cost will be **\$270.00**. **NO FAMILY DISCOUNT** for Regular registration.

The total camp registration fee, completed medical release, and this application are **due no later than 5:00 PM by June 14th** (Make checks payable to the **Mohave County 4-H** and mail to County Cooperative Extension, 101 E Beale St Ste A, Kingman Az 86409 by the date due.

PLEASE COMPLETE THE FOLLOWING INFORMATION:

CAMPER'S NAME _____ AGE _____ T-SHIRT SIZE Youth S M L
Adult S M L XL XXL
ADDRESS _____ CLUB _____
CITY _____ ZIP _____ BIRTHDAY _____ M/F _____
Email _____ GRADE IN SCHOOL _____
PARENT/GUARDIAN _____ ADDRESS _____
PARENTS Email _____
PHONE _____ EMERGENCY PHONE NUMBER _____

I pledge my full cooperation as a participant in 4-H Camp. My signature indicates that I understand that camp means having a positive attitude, "learning by doing" and fun, and I am to remain within the 4-H Camp boundaries at all times and participate in the planned program.

IF you do not grant permission, check this box. ☐ Unchecked box grants permission to the University of Arizona, its certified volunteers to use images of my child (visual, audio, newspaper, and digital) in production and promotion of educational programming.

MEMBER'S SIGNATURE _____ AGE _____ DATE _____

REFUND POLICY - Request for refunds must be received no later than 5:00 p.m., Friday, June 14th, to obtain a refund, \$15.00 possessing fee will be deducted. Cancellations after this date will not be refunded.

PARENT'S RELEASE STATEMENT: I am willing for _____ to attend the Mohave/Yavapai County 4-H Camp. I hereby release the University of Arizona, members of its staff and employees, the 4-H Council and 4-H volunteer leaders, from all liability for injuries, accidents and/or illness of any kind sustained during 4-H Camp, including time of transportation. It is understood that the University of Arizona Staff and Employees and 4-H volunteer leaders will supervise the activities of the 4-H youth during camp. I further understand that any damage to camp or facilities caused by the camper will be the financial responsibility of the parent to repair or replace. I also certify that he/she is physically able to attend camp and has permission to go.

SIGNED AND APPROVED BY _____ DATE _____
(Parent or Legal Guardian)

INFORMATION ON APPLICATION MUST BE FILLED IN COMPLETELY

The 4-H camp at Mingus Springs has a lake that is deep enough for us to offer swimming and other water programs. The purpose of this form is to grant your young person swimming permission (under the watch of lifeguards and adult staff), and to rate your child's swimming ability. We will have the "swimming buddy" system in place at all times and will have no more than 25 youth near the lake at the same time.

Camper's Name _____

As the parent/guardian of the 4-H camper named above, I ☐ **Give** permission ☐ **Do not** give permission for the 4-H camper to swim and participate in activities at or near the Mingus Springs Lake.

On a 1-10 scale (1 meaning my child cannot swim, 10 meaning my child is an excellent swimmer).

I would give my child the following rating:

☐

☐

☐

☐

☐

☐

☐

☐

☐

☐

1	2	3	4	5	6	7	8	9	10
Can't swim		Limited		Decent		Capable			Excellent

Parent/Guardian Signature _____

Date _____



ARIZONA 4-H YOUTH DEVELOPMENT

PARENTAL/GUARDIAN CONSENT & RELEASE OF MEDICAL INFORMATION

Participants Name: _____

Birth Date: _____ E-mail: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Do you have a disability for which you seek an accommodation? If so, please list your needs:

Emergency Medical Information:

For treatment purposes:

Name of Physician / Licensed Medical Practitioner _____ Phone Number _____

Insurance Company _____ Policy Number _____

List Prescribed Medication _____

List approved "Non-Prescription" Medications your child may be given (aspirin, ibuprofen, cold remedies, etc) _____

List activities prohibited due to medical conditions _____

List allergies (food, drug, plant, insect, etc.) _____

Immunization dates (Month/Year): Tetanus: _____ Measles: _____ Mumps: _____

Emergency Contact:

Name _____ Address _____ Phone Number _____

Participant Consent (Adult Only)

I, _____ intend to participate in _____ date(s) _____.

In the event of an emergency, I authorize the 4-H Youth Development Representative to arrange for necessary and appropriate medical treatment which may be required during this time. I understand this authorization may also extend to travel time, to and from the event.

Participant Signature: _____ Date: _____

Parental / Guardian Consent (Youth under 18 years old only)

I give permission for (participant's name) _____ to participate in _____ date(s) _____. I understand that it may also include travel time, to and from this event, while in custody of the 4-H Youth Development representative. In the event of an emergency, I authorize the 4-H Youth Development Representative / chaperone to arrange for necessary and appropriate medical treatment which may be required during our absence.

Parent/Guardian Signature: _____ Date: _____

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Revised September 2016



THE UNIVERSITY OF ARIZONA

Cooperative Extension



STATE OFFICE

1140 E. South Campus Dr., Tucson, AZ 85721 • Phone: (520) 621-7205 • Fax: (520) 621-1314 • extension.arizona.edu

Please use this checklist when completing your 4-H Summit registration:

1. ☐ Complete ALL pages of the registration. Incomplete registrations will be returned.
2. ☐ Write legibly or type your registration.
3. ☐ Make 3 Content Track choices and number them accordingly. (Description page attached)
4. ☐ MUST have an emergency contact with phone number.
5. ☐ No cash payment, check or money order only, made payable to "The University of Arizona".
6. ☐ Check registration for required initials and signatures.

Age Requirement:

Participants MUST be 14 by January 1, 2019. Youth must previously be enrolled and have participated in Arizona 4H.

The registration packet forms are fillable - please type, print, and send to your county extension office. The list of county office addresses is below.

Registration cost:

Regular Youth: \$150 by June 30, 2019

Apache County Extension

PO Box 369
St. Johns, AZ 85936

Cochise County Extension

450 S. Haskell Ave. Ste. A
Willcox, AZ 85643

Coconino County Extension

2304 N. 3rd St.
Flagstaff, AZ 86004

Gila County Extension

5515 S. Apache Ave. Ste. 600
Globe, AZ 85501

Graham County Extension

PO Box 127
Solomon, AZ 85551

Greenlee County Extension

1684 Fairgrounds Rd.
Duncan, AZ 85534

LaPaz County Extension

PO Box 3485
Parker, AZ 85344

Maricopa County Extension

4341 E. Broadway
Phoenix, AZ 85040

Mohave County Extension

101 E. Beale St.

Navajo County Extension

748 N. 3rd St.

Pima County Extension

4210 N. Campbell Ave.

Pinal County Extension

820 E. Cottonwood Ln. Bldg C

Kingman, AZ 86401

Holbrook, AZ 86025

Tucson, AZ 85719

Casa Grande, AZ 85122

Santa Cruz County Extension Yavapai County Extension

489 N. Arroyo Blvd.
Nogales, AZ 85621

840 Rodeo Dr., Bldg. C
Prescott, AZ 86305

Yuma County Extension

2200 W. 28th St., Ste. 102
Yuma, AZ 85364



THE UNIVERSITY OF ARIZONA
Cooperative Extension



Arizona 4-H Summit REGISTRATION INFORMATION

July 23-26, 2019, University of Arizona - Tucson, Arizona

Name: _____ Phone: _____
Please Print Home Cell for Text alerts

Address: _____
P.O. Box or City, State, Zip Code

Age: _____ Male ☐ Female ☐ Other _____

(As of January 1, 2019; Must be 14)

Participants E-mail (Please print email address) Parents E-mail (Please print email address)

County: _____ Hometown newspaper name: _____

Ethnicity: _____ Hispanic _____ Non-Hispanic

Race: _____ American Indian/Alaska Native _____ Asian _____ Black/African American

_____ Caucasian _____ Native Hawaiian/Pacific Islander

T-Shirt Size: _____ S _____ M _____ L _____ XL _____ XXL (\$5.00 additional)

Check# _____
Date Received _____
Medical Form _____
Code of Conduct _____
Media Release _____
Payment of \$ _____
Received By _____
(Initials)

For County Office use Only

Campus Content Experience: During the Summit, you will have the opportunity to engage in real problem-solving as if you were a UA student. Faculty, staff, students and alumni in the following content areas will help you explore how your interests and skills are valued in the classroom and beyond.

Content Track Choice: Youth: Rank your top 3 choices, 1st, 2nd, 3rd, with 1 being your first choice. If a choice is not selected, one will be assigned to you. See additional sheet for descriptions.

_____ Nutrition Sciences _____ Environment/Natural resources
_____ Animal/Bio-Medical Science _____ Retail and Consumer Sciences
_____ Applied Humanities _____ Fabrication/Engineering

PARTICIPANT AGREEMENT: I agree to participate fully in 4-H Summit programs, activities, conform to group rules & expectations, and work to become part of the 4-H Summit community. I also understand that drugs, alcohol, all tobacco products and weapons are not to be brought to or used at 4-H Summit and my photo could be taken and used for publicity or documentation purposes.

I do not wish to be Photographed at camp, Group Photos etc. _____ Initial (See Multimedia Release Form attached.)

Do not release my name & address, to camp participants. _____ Initial

I am requesting special meals. Type: _____

Participant Signature: _____ Date: _____

Registration Fee: Includes lodging, meals, program materials, t-shirt, collage, insurance. Registration does not include transportation to and from camp. Registration ends at 100 participants.

Make Checks Payable to: **The University of Arizona**

Request for refunds must be received by the State 4-H Office no later than 5:00 p.m., July 1st, to obtain a refund, \$15.00 processing fee will be deducted. Cancellations after this date will not be refunded.

Registration is not complete or confirmed unless accompanied by **Payment; completed and signed Medical Information form; Multimedia Release Form; Code of Conduct; and, Registration form mailed TO YOUR COUNTY 4-H YOUTH DEVELOPMENT OFFICE BY: June 15 for REGULAR REGISTRATION**

If you have reason to seek an accommodation (e.g. disability or health concern), please notify us prior to the event.
(520) 621-5316

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Arizona 4-H Summit Youth and Adult CODE OF CONDUCT

The mission of Arizona 4-H Youth Development is to provide a variety of educational opportunities which will assist youth to become capable and contributing members of our global society. In fulfilling this mission, certain standards of behavior are expected of all participants and is also necessary to provide a positive learning environment for others. The following guidelines represent the

Arizona 4-H Youth Development Youth and Adult CODE OF CONDUCT:

1. Work cooperatively with other 4-H participants, youth, volunteer leaders, families, Cooperative Extension faculty and staff, and others in a courteous, respectful manner.
2. Know and obey the local laws as well as the laws of the state and federal government.
3. Any person, adult or youth, while participating in 4-H activities, also agrees to refrain from the use of any tobacco, alcohol, and illegal drugs/substances and weapons at all 4-H events and while transporting youth to and from events.
4. Present appropriate model in dress, manners, conduct, appearance, language, and actions during all 4-H events. (See Dress Code)
5. Use respect and care for all property used. Charges will be assessed for any misuse or damage.
6. Attend and participate in all planned events.
7. Know and follow established rules before event begins such as program, hours, curfew, room guidelines, etc.
8. Represent the Arizona 4-H Youth Development Program with pride and dignity.
9. Disciplinary process: An Adult & Youth Behavior Review Committee will be formed, composed of youth and adult participants, Extension Agents and Staff to consider the inappropriate behavior and take appropriate actions. Failure to abide by established rules could result in a trip home at the expense of the parent or guardian and /or loss of eligibility to participate in future 4-H Youth Development events and activities.
10. Before I depart on the last day I agree to be checked out of my room by a J.O.L.T. adult staff.

Those who find themselves unable to conduct themselves with in the guidelines listed may expect:

1. To explain their actions to those in charge
2. To accept the consequences of their actions
3. To have those in charge monitor their behavior, and that remedies are implemented in accordance with Arizona 4-H Policy and Procedures.

PARTICIPANT'S AGREEMENT:

I have read the Arizona 4-H Youth Development **CODE OF CONDUCT** and will abide by them.

I realize my failure to do so could result in a loss of privileges during the event and/or in the future.

Participant's Signature: _____ **Date:** _____

PARENT/GUARDIAN'S AGREEMENT:

As parent/guardian of _____, I have read the Arizona 4-H Youth Development **CODE OF CONDUCT** and will support those in charge as they perform their responsibilities ensuring appropriate behavior is maintained.

Parent /Guardian's Signature: _____ **Date:** _____

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UNDER 18 MULTIMEDIA RELEASE FORM (includes photo release)

I grant permission to The Arizona Board of Regents, on behalf of The University of Arizona and its agents or employees, to tape, video and/or photograph me and record my voice and conversation including quotes, paraphrases, sounds, and any performance or participation in the event or project on the date and location listed below. I also understand and agree that there will be no residual or any other type of payment, royalty or fee due in connection with such tapes, videos, podcasts, photographs and recordings. For purposes of clarity, I expressly waive any and all moral rights I may have in connection with my appearance.

I agree that The Arizona Board of Regents shall be the exclusive owner of all copyright and other rights in and to such taping, videos, photography and recording and will be able to use them forever and throughout the universe, and to license others to use them, in any manner and in any and all media now known or hereafter discovered or developed along with any incidental uses in connection with the merchandising and promotion of The University of Arizona and its departments, and related products.

I further agree that The Arizona Board of Regents may license others to use the tapes, videos, podcasts, photographs and recordings or any excerpts thereof, including my name, image, voice, likeness and any related or derivative versions of this content (including translation, foreign rights, serialization, syndication, photocopying, abridgement, adaptation, reprint, dramatization, and electronic recording and reproduction of any sort) in all media throughout the universe for any purpose.

I hereby agree to release, defend, and hold harmless the Arizona Board of Regents, on behalf of The University of Arizona and its agents or employees, including any firm publishing and/or distributing the finished product in whole or in part, whether on paper or via electronic media, from and against any claims, damages or liability arising from or related to the use of the photographs, including but not limited to libel, false light, invasion of privacy, rights of publicity, any misuse, distortion, blurring, alteration, optical illusion or use in composite form, either intentionally or otherwise, that may occur or be produced in taking, processing, reduction or production of the finished product, its publication or distribution.

Arizona 4-H Summit

Event or Project Name

Date

Tucson, Arizona

Location

E-mail

Telephone Number

Youth Name (please print)

Youth Signature

Parent Name (please print)

Parent Signature

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ARIZONA 4-H YOUTH DEVELOPMENT
PARENTAL/GUARDIAN CONSENT & RELEASE OF MEDICAL INFORMATION

Participant's Name: _____

Birth Date: _____ E-mail: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Do you have a disability for which you seek an accommodation? If so, please list your needs:

Emergency Medical Information:

For treatment purposes:

Name of Physician / Licensed Medical Practitioner _____ Phone Number _____

Insurance Company _____ Policy Number _____

List Prescribed Medication _____

List approved "Non-Prescription" Medications your child may be given (aspirin, ibuprofen, cold remedies, etc) _____

List activities prohibited due to medical conditions _____

List allergies (food, drug, plant, insect, etc.) _____

Immunization dates (Month/Year): Tetanus: _____ Measles: _____ Mumps: _____

Emergency Contact:

Name _____ Address _____ Phone Number _____

Participant Consent (Adult Only)

I, _____ intend to participate in _____ date(s) _____.

In the event of an emergency, I authorize the 4-H Youth Development Representative to arrange for necessary and appropriate medical treatment which may be required during this time. I understand this authorization may also extend to travel time, to and from the event.

Participant Signature: _____ Date: _____

Parental / Guardian Consent (Youth under 18 years old only)

I give permission for (participant's name) _____ to participate in _____ date(s) _____.

I understand that it may also include travel time, to and from this event, while in custody of the 4-H Youth Development representative. In the event of an emergency, I authorize the 4-H Youth Development Representative / chaperone to arrange for necessary and appropriate medical treatment which may be required during our absence.

Parent/Guardian Signature: _____ Date: _____

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Revised September 2016

PRESCOTT 4th of JULY PARADE



4-H COUNTY WIDE EVENT COME WALK WITH US!!!

✿ Come and show your 4-H pride and represent your club.

The Chino Valley Breakaway Latigos would like to invite all Yavapai County 4-H clubs to walk in the Prescott Rodeo Parade - parents, siblings, and animals welcome!

✿ Parade entry: Yavapai County 4-H (One 20-foot trailer)

Parade Theme: Authentic Western Traditions

✿ Date: Saturday, July 6, 2019

Time: Parade begins at 9:00 AM (7:00 AM arrival for set-up)

Location: Prescott AZ

✿ Please RSVP to Danielle Davis at 480-822-9225 or Kaitlin Midkiff at 928-910-5567 by June 3rd. Please provide your club name and the estimated number of people participating,

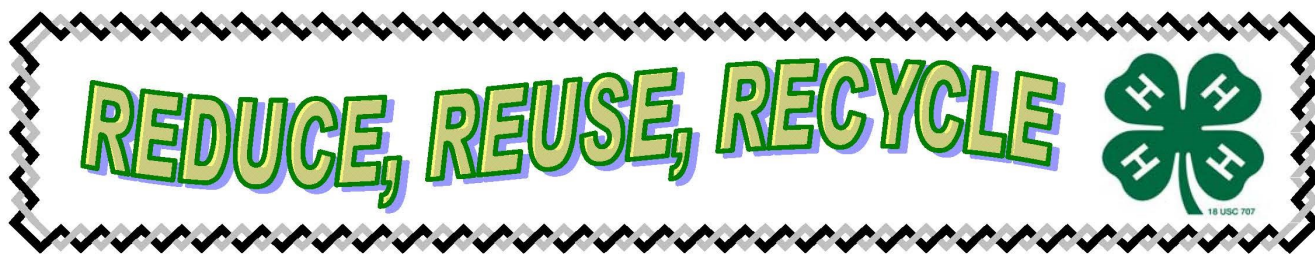
*** It will likely be hot, so heat-tolerant animals only. Please no pigs, steers or horses. There might be a lengthy delay before we begin walking, so make sure you bring water and snacks for you and your animals. ***

Details about the parade including float decoration, parade position number and more are forthcoming.

Happy Birthday to our 4-H Volunteers

June 7	Sarah Bartelt	Prescott Valley Clovers
June 7	Jennifer Maurer	Lonesome Valley Wranglers
June 12	Jesse Holyfield	Prescott Valley Clovers
June 22	Barbara Escudero	Skull Valley Trailblazers
June 30	Lorie Timlick	Northern Division Livestock Club





Developing good habits at a young age is much easier than trying to change as we get older. Learning to reduce, reuse, and recycle can be fun for kids and foster good habits early in life that will in turn benefit our natural world.

Ask the children, “What is waste?” Explain to them that waste is anything that is discarded and no longer being used. Ask them how waste affects our lakes, forests, cities, animals and roadsides. (The children will have excellent ideas!) Last ask them how they think they can be less wasteful. Use the activities below to teach about the three “R’s” of recycling.

REDUCE: Initiate a discussion on what it means to “reduce.” Ask the children what items they use every-day and how they might use less of those items.

Food

Paper

Paper towels

Energy (Watching less TV, turning off the lights, not holding open the refrigerator door, etc...)



REUSE: Have the children bring a toy that is in good condition and that they don’t play with anymore to their next meeting. Then have a toy exchange. Tell the children this is a great way to reuse toys. You can also have the children collect all their toys that are in good condition **ONLY**, and donate them to a local shelter, doctor’s office, or business with play areas. (Clean and sanitize the toys before donating.)



RECYCLING: Organize an aluminum can drive. Have the children collect cans for a month. Tell the children the money they make on the cans will go to a special activity the whole group can enjoy. Have the children brainstorm ideas for the special activity. It could be a pizza party or a trip to the movies. Then initiate a discussion on other items that are recyclable. You will want to research the closest location to drop off the aluminum cans.

Or

Have the children choose a charity that the money will benefit. This is a great activity to do around the holidays. They may choose to adopt a local food bank, adopt a family during the holidays, or donate to Toys for Tots. You may have to research local charities ahead of time and then let the children choose which charity they would like to help. You will be teaching them about recycling and serving their community all at the same time.



*Rebecca Miller, Education Specialist
Hocking Soil & Water Conservation District.*

