**REGISTRATION FORM**

**2013 4-H Bake-Off Contest and Workshop**

 4-H Age (as of January 1, 2013) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth date \_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade in School \_\_\_\_\_\_\_ 4-H Club (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_\_

E-Mail Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My son/daughter has permission to participate in the 4-H activities checked below. In case of a medical emergency, I understand that every effort will be made to contact me. In the event I cannot be reached, I hereby give permission to the physician selected by Extension personnel to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child as named above.

* Is your child allergic to any food or medicines? If yes, please describe:
* Does your child have any special needs the staff should be aware of? If yes, please describe:

 I authorize Cooperative Extension to use my child's image in newspaper articles, brochures, newsletters, web sites, and any other marketing efforts to promote the 4-H Youth Development Program:

Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Registration For: (check all that apply)**

**Workshop Ages** **Registration Workshop**

 **Deadline Date Fee Fee Enclosed**

Bake-Off Workshop 5-18 November 1 November 9 $0 XXXXXXXXX

 Recipes due to 1:00-3:30 pm at

 Cooperative Extension Grace Lutheran Church

 Yes, I/we plan to participate in the Bake-Off Workshop (making holiday crafts and baking gingerbread cookies)

 Attached is my typed recipe for the Bake-Off Contest.

Name of recipe submitted \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BAKE OFF WORKSHOP: An adult must accompany children ages 8 and under. All parents and guardians are invited to stay with their children and join in the fun. Please list adult(s) who will be staying for the afternoon program. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Yes, I will help supervise a craft during the Bake-Off Workshop (supplies provided). Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**henderson.ces.ncsu.edu/4-H**

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| --- |
| If you are a person with a disability and desire any assistive devices or other accommodations to participate in this activity, please contact Sue Janowiak, 4-H Program Assistant, at 828-697-4891 during business hours of 8:30 a.m. - 5:00 pm (Monday-Friday) to discuss accommodations at least 3 days prior to the event. |

 **\*4-H BAKE-OFF CONTEST - SATURDAY, NOVEMBER 9, 2013\***

**This contest is for children ages 5-18. You do not have to be a 4-H club member to participate.**

**\*Registration forms and typed recipes are due in the Extension Center by 5:00 p.m., Friday, November 1.**

**Saturday, November 9:**

 1:00 p.m. - Entries are due at Grace Lutheran Church

 1:00 – 3:00 p.m. - Bake-Off Workshop and clean-up

 3:30 p.m. - Winners announced – then we'll sample all of the entries!

\*Baked goods are prepared at home, and then brought to Grace Lutheran Church by 1:00 p.m., on Saturday, November 9.

Grace Lutheran Church (1245 6th Ave. West) is located at the corner of Blythe Street and U. S. 64 W in Hendersonville.

**What can I bake?**

Brownies Yeast Breads Fruit Pies Cookies Muffins

Quick Breads (sweet or savory) Biscuits Focaccia Cakes

**Cloverbuds (ages 5-8)**

Each participant in this age group will receive a participation ribbon and a small gift.

**Awards and Prizes:**

Each entry for 9-18 year olds will receive a blue, red, or white ribbon. 1St - 3rd place winners in junior (9-13) and senior (14-18) age groups will receive cash prizes to be paid by check. Every participant will receive a recipe book containing all of the recipes from the contest.

While the baked goods are being judged, participants will bake cookies for “The Storehouse” and make crafts for nursing homes.

**Contest Rules:**

* Only one entry per child.
* No entries made from pre-packaged mixes.
* Do not enter any items that require refrigeration, such as cheesecake, cream, meringue, or custard pies, or cream-filled cakes or pastries.
* All entries need to be baked goods, i.e., do not submit no-bake cookies or similar items.
* Entries need to be prepared by the child submitting the entry with appropriate adult supervision and support as needed for child's age and skill level.
* Children should enter different recipes each year.
* Complete typed recipe and instructions need to be submitted for each baked good entry at the time of registration **(by Nov. 1).**
* Children need to bring the recipe they enter and should not make last-minute recipe substitutions.
* Securely wrap **six** servings (only) on a paper plate, clearly labeled with age division and name of baked product.

Do not put your name on your entry or on your recipe. You may bring extra baked goods to sample and/or donate to “The Storehouse” in a separate, non-returnable container.

* On November 9, please bring non-perishable food to donate to the Storehouse and place in the collection box. The Storehouse is a food and hygiene pantry which provides groceries for needy people in Henderson County.

**\*\*PRE-REGISTRATION IS REQUIRED\*\***

**The preferred method of submitting your recipe is by email to: barbara\_walker@ncsu.edu**

**You may also bring, fax or mail completed entry form, along with complete typed copy of recipe and instructions, by Friday, November 1, to:**

 **North Carolina Cooperative Extension – Henderson County Center (across from ball fields in Jackson Park)**

 **Telephone: 828/697-4891 Fax: 828/697-4581**

 **Mailing address: Attn: Henderson County 4-H, 100 Jackson Park Rd., Hendersonville, N. C. 28792**

***\*\*If we do not have at least 15 people register for the Bake-Off and submit recipes by the registration deadline, the Bake-Off will not be held. You will be notified ahead of time if the event must be cancelled.***

This event will operate under the 4-H Code of Conduct and Disciplinary Procedure. The NC 4-H Code of Conduct and Disciplinary Procedure (<http://www/nc4h.org/publications/forms/4-Hcodeofconduct.pdf>) is a condition of participation in 4-H events and activities.

Additional copies of this registration form and contest guidelines are available from North Carolina Cooperative Extension-Henderson County Center, in Jackson Park or at henderson.ces.ncsu.edu/4-H.