2019 Finney County 4-H Club Day Entry Form
February 2, 2019

This entry form is due to the Finney County Extension Office no later than 5:00pm, on Monday, January 21, 2019
Use only one form per person. One form per team/group entry.

Name/Club __________________________________________ Age as of January 1, 2019: _______

Circle age category:Cloverbud (5-6) Junior (7-13) Senior (14-18)

Speaking events:

____ Public Speaking [14-18]
____ Project Talk ___[7-8] ___[9-13]
____ Extemporaneous Speaking [14-18]
____ Demonstration:_Senior ___Junior
Indiv. ___Team
____ Illustrated Talk:_Senior ___Junior
____ Digital Presentation:_Senior ___Junior
Indiv. ___Team
____ Reading:_Senior ___Junior
____ Show & Tell (7-8)
____ Cloverbuds: Show & Tell (5-6)

Music events:

____ Chorus:_Senior ___Junior
____ Vocal Ensemble:_Senior ___Junior
____ Vocal Solo:_Senior ___Junior
____ Instrumental Ensemble:_Senior ___Junior
____ Instrumental Solo:_Instrument ___Piano
Senior ___Junior
____ Band or Orchestra:_Senior ___Junior

Talent Dance events:

____ Square Dance:_Senior ___Junior
____ Folk Dance:_Senior ___Junior
____ Other Dance:_Senior ___Junior

Talent Dramatic, Novelty & Other event(s):

____ One Act Play:_Senior ___Junior
____ Skit:_Senior ___Junior
____ Novelty:_Senior ___Junior
____ Other: Vocal Performance:_Senior ___Junior

Entry Deadline: Monday, January 21, 2019

Names of group participants:

Event Name: __________________________________________
Participants if more than one in presentation:

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
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Time/Schedule Conflict?
Please specify an approximate time, if there is a conflict. We will try to accommodate the best we can. No guarantees!

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________________________________________________________________________________________
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Special Needs:

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