



SEWING PARTICIPANT NUMBER \_\_\_\_\_



# TAYLOR COUNTY 4-H SEWING PROJECT

Name: \_\_\_\_\_  
Last First

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Age as of January 1, 2025: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Have you completed the Sewing Project Before? \_\_\_\_ Yes \_\_\_\_ No

If Yes, How Many Years? \_\_\_\_\_

Do you own a sewing machine? \_\_\_\_ Yes \_\_\_\_ No

If yes, does it work? \_\_\_\_ Yes \_\_\_\_ No

If yes, does the participant know how to operate it? \_\_\_\_ Yes \_\_\_\_ No

If yes, do you/an adult know how to use it? \_\_\_\_ Yes \_\_\_\_ No

Please circle times that you will be available to complete the project:

|                                 |                                  |                                   |                                 |                                       |
|---------------------------------|----------------------------------|-----------------------------------|---------------------------------|---------------------------------------|
| <b>Monday</b><br>3:30 - 5:30 PM | <b>Tuesday</b><br>3:30 - 5:30 PM | <b>Thursday</b><br>3:30 - 5:30 PM | <b>Friday</b><br>1:30 - 4:00 PM | <b>Saturday</b><br>9:00 AM - 12:00 PM |
|---------------------------------|----------------------------------|-----------------------------------|---------------------------------|---------------------------------------|

**As a parent/guardian, I acknowledge the commitment of attendance to the 4-H Sewing Project and commit to having an adult participating in helping with my child during each session of the project.**

**Participant Signature**

**Parent/Guardian Signature**

**Cooperative Extension Service**  
 Agriculture and Natural Resources  
 Family and Consumer Sciences  
 4-H Youth Development  
 Community and Economic Development

**MARTIN-GATTON COLLEGE OF AGRICULTURE, FOOD AND ENVIRONMENT**  
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 University of Kentucky, Kentucky State University, U.S. Department of Agriculture, and Kentucky Counties, Cooperating.  
 Lexington, KY 40506



|                                        |                                                  |                                                      |
|----------------------------------------|--------------------------------------------------|------------------------------------------------------|
| <b>FOR OFFICE USE ONLY</b>             | <input type="checkbox"/> Monday 3:30 - 5:30 PM   | <input type="checkbox"/> Friday 1:30 - 4:00 PM       |
| <b>JUNIOR</b> <input type="checkbox"/> | <input type="checkbox"/> Tuesday 3:30 - 5:30 PM  | <input type="checkbox"/> Saturday 9:00 AM - 12:00 PM |
| <b>SENIOR</b> <input type="checkbox"/> | <input type="checkbox"/> Thursday 3:30 - 5:30 PM |                                                      |