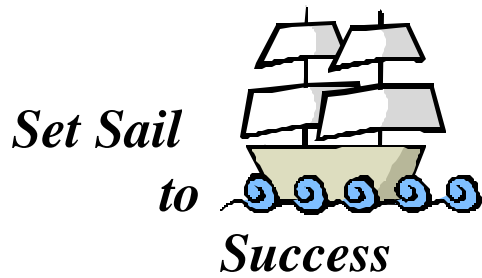


2003 Southern Region 4-H Volunteer
Leader Forum
Rock Eagle 4-H Center
October 2-5, 2003



REGISTRATION FORM

Registration Fee for 2003 SRLF is \$170, which includes lodging, meals and T-shirt. **First sixty individuals** who register, fee is \$70 (first come, first served).

Name _____ County/City _____
Address _____
City/State/Zip _____
Phone (____) _____ FAX (____) _____
E-mail Address _____
Is this your first visit to Rock Eagle? Yes No

T-Shirt Size: S M L XL XXL XXXL
Note that late registration may limit the availability of size selections

Do you plan to drive to Rock Eagle? Yes No
• If yes, will you be driving your personal car or county/state car or van? Yes No
• Could you provide transportation for additional volunteers from your area? Yes No
•
We plan to charter a bus from the Tidewater area to Roanoke to Blacksburg, Wytheville and then to Rock Eagle. If so, do you plan to ride the bus? Yes No
Do you need assistance in locating transportation? Yes No

Housing at Rock Eagle is cabins with bunk beds. A limited amount of "married" housing may be available, but we cannot guarantee this space. The private space must first be utilized for those with special physical needs and any remaining rooms will be assigned to married couples. If you have special housing needs, please indicate on the back side of this form. Please list below any specific individuals with whom you wish to be housed. Cabin assignments are typically made prior to arrival at Rock Eagle for organization of registration materials on-site. Every effort will be made to accommodate your wishes.

Gender: Male Female Do you smoke? Yes No

Payment should accompany registration forms with checks made payable to **Virginia 4-H Foundation**. Forms and payment should be forwarded to:

SRLF Registration, Robert Ray Meadows
119 Hutcheson Hall (0419), Virginia Tech
Blacksburg, VA 24061

Registration Form, Health Form, and Full Payment are due in the State 4-H Office by August 20, 2003.

General Health Information Virginia Adult Delegates

Name _____ Date of Birth _____

Address _____

Are you currently taking prescribed medications? Yes No

If yes, please list medication name and dosage information.

Answer yes or no by checking in the box provided to indicate whether any of the following medical conditions apply to you. If the answer is "yes" to any of these items, please enter details on the lines provided at the bottom of the section.

Nervous or Mental – includes epilepsy, emotional stress, convulsion, loss of consciousness, dizziness, paralysis, frequent anxiety, excessive crying	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Lung Disease – asthma, persistent cough, tuberculosis	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Heart Disease – increased or abnormal blood pressure, history of heart ailment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Chest Pain or Shortness of Breath – heart murmur, rheumatic	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Stomach or Intestinal Conditions – ulcers, gall bladder or liver disorder, hernia, colitis	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Arthritis, Diabetes, Kidney or Bladder Disease	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hay Fever or Seasonal Allergies	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Impaired Hearing – loss of hearing, frequent or chronic ear infections	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you had or been in contact with anyone who has had infectious disease in the two weeks prior to this event	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Wear glasses or contact lenses	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Allergies to Bee Stings	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Allergies to Foods	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Allergies to Medications	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any medical condition not listed above?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Enter details to any "yes" responses here: _____

Date of last flu shot _____ Date of last tetanus booster _____

Name of Personal Physician _____ Phone _____

I understand that first aid is available on site, and if serious injury occurs, medical and/or hospital care will be given. If I cannot provide a response and it is impossible to immediately contact my family, I give permission for emergency treatment as recommended by the attending physician.

Signature _____ Date _____

Person to contact in case of emergency _____

Relationship to you _____

Phone Number (s) _____

SRLF 2003 SCHEDULE OF EVENTS

Thursday

12:00 – 2:30	Registration of States
3:00 – 4:00	State Orientation Meetings
4:00 – 6:00	Welcome Reception
5:00 – 6:00	First Timers' Orientation
5:00 – 6:00	State Coordinator's Meeting
6:00 – 7:00	Dinner
7:00 – 8:00	State Meetings
8:00 – 9:00	Opening Assembly
9:15 – 10:15	Funshops and Coffee House

Friday

6:45 – 7:45	Breakfast
8:00 – 9:30	Workshops
9:30 – 10:00	Break
10:00 – 11:30	Keynote Assembly
11:30 – 12:45	State Photos
11:30 – 12:30	Lunch
1:30 – 3:00	Workshops
3:00 – 3:30	Break
3:30 – 5:00	Workshops
5:00 – 5:30	State Coordinator's Meeting
5:00 – 8:30	Ports of Call: A Florida Showcase & Island Getaway!
8:30 – 9:30	State Meetings
9:30 – 10:30	Funshops

Saturday

6:45 – 7:45	Breakfast
8:00 – 9:30	Workshops
9:15 – 5:00	Exhibits Open
10:00 – 11:45	Workshops
11:45 – 12:45	Lunch
1:00 – 2:30	Workshops
2:30 – 5:00	Recreation
4:30 – 5:15	2004 Planning Committee Meeting
6:00 – 9:15	Dinner with the Captain & Capnote Assembly
9:30 – 10:30	Funshops

Sunday

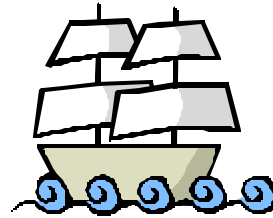
6:45 – 7:45	Breakfast
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Bon Voyage!

2003 Southern Region 4-H Volunteer
Leader Forum
Rock Eagle 4-H Center
October 2-5, 2003

INFORMATION FORM

*Set Sail
to*



Success

Mission and Purpose The mission of the Southern Region Leader Forum is to increase the capacity of volunteer and salaried staff to contribute to the achievement of the mission of 4-H youth development and the Cooperative Extension system as a whole. The primary purpose of the Forum is to educate and prepare participants to share what they learned back home. Participants benefit from the experiential learning activities which require them to discuss, use and apply what they learn. The ultimate application is for individuals and teams to teach others.

Coordination The Forum is conducted by the Cooperative Extension Services of the State Land Grant Universities in the southern states, the National 4-H Council and the Cooperative State Research, Education and Extension Service of the United States Department of Agriculture.

Registration Is coordinated by each state 4-H office. The fee for Virginia delegates is \$170 (excluding transportation). This fee includes all meals and lodging on-site as well as the Virginia delegate's t-shirt (include shirt size on registration form). **For the first sixty folks who register**, your fee is only \$70 so be sure to register right away.

Participants include adult volunteers from 13 southern states, Puerto Rico and the Virgin Islands. This is an adult conference and is not appropriate for teenagers or younger 4-H members.

Lodging is heated (and air-conditioned) cottages with towels, linens and blankets furnished. Dress is casual except for the closing banquet, which is more dressy ("Sunday dress"). Comfortable shoes are a must! October weather is mild. Midday temperature is 50's to 60's while the nights cool into the 40's and 50's.

Phones are available for delegates to call out. However, delegates are not easily accessible to receive calls. Emergency calls should be made to (706) 484.2831.

Trading Souvenirs is a popular pastime. Small items representative of the delegates' states are encouraged for trading. Popular items in the past have included lapel pins, printed buttons, and handmade items.

Contacts

Volunteer State Coordinator for Virginia
Richard Johnson, 1810 Nickerson Blvd., Hampton, VA 23663 at (757) 851-3233

State 4-H Office
Dr. Robert Ray Meadows, Associate Director, 4-H at (540) 231-6371 or bmeadows@vt.edu