



GOAT FIELD DAY

Saturday, April 24, 2004 - 8:00 am
Langston University Goat Farm

Registration for the Goat Field Day is FREE

For more information call (405) 466-3836
or register on-line at
<http://www2.luresext.edu/goats/library/fd2004.html>

Bring your own lunch or you can Pre-Register for Lunch
(BBQ goat, beans, potato salad,
refreshment, and goat ice cream; only \$7)

INSTRUCTIONS FOR PRE-REGISTRATION (one form per person):

- 1.- Write your name, address, and telephone number below. Indicate if you will be registering for lunch.
- 2.- Select afternoon workshops from each time period to attend from the schedule on the back of this form.
- 3.- Within time period, indicate your first, second, and third afternoon workshop preference.
- 4.- Write a check payable to "RESEARCH SALES" for the amount, if registering for lunch.
- 5.- Mail this form and the check as soon as possible.

PRE-REGISTRATION FORM

NAME: _____ TELEPHONE: (____) _____

ADDRESS: _____

_____ ZIP: _____

Registration for Goat Field Day is FREE; however, there is a fee for lunch. You may bring your own lunch.

Lunch Pre-Registration (Deadline April 16, 2004)

Adults (\$7.00 each) _____

Children (12 and under)
(\$3.00 each) _____

TOTAL _____

Make checks payable to:
Research Sales

Please mail this form and check
to:

Agric. Res. and Ext. Prog.
Langston University
P.O. Box 730
Langston, OK 73050
ATTN: FIELD DAY

2004 Goat Field Day Registration

Morning Session	9:00 - 11:45 a.m.	<p>Please select one morning session:</p> <p>Adult General session</p> <p>Youth Workshop #1: General Youth Activities - Ms. Stevenson (All Day)*</p> <p>Youth Workshop #2: Fitting and Showing - Ms. Garrett (All Day)</p> <p style="text-align: center;">*(Please complete Youth Registration also)</p>
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Afternoon Sessions	1:00 - 2:00 p.m.	<p>Please Select a Workshop for this session and Enter the Workshop number here:</p> <p>_____</p>	<p>Afternoon Workshop Choices:</p> <ol style="list-style-type: none"> 1. Continued FireSafe from morning 2. Continued SARE from morning, 3. Basic Goat Husbandry I ^a, 4. Basic Goat Husbandry II ^b, 5. Tanning Goat Hides, 6. Oklahoma Milk Regulations, 7. Dairy Products Overview, 8. Nutrient Requirement Web Calculators, 9. Simulation Goat Production Modeling, 10. DHI Training, 11. US Government Programs, 12. General Youth Activities, and 13. Fitting and Showing for Youth and Adults
	2:15 - 3:15 p.m.	<p>Please Select a Workshop for this session and Enter the Workshop number here:</p> <p>_____</p>	
	3:30 - 4:30 p.m.	<p>Please Select a Workshop for this session and Enter the Workshop number here:</p> <p>_____</p>	

The Cooperative Extension Program at Langston University, provides educational programs to individuals regardless of race, color, national origin, religion, sex, age, disability or status as a veteran. Issued in furtherance of Extension work, Act of September 29, 1977, in cooperation with the U.S. Department of Agriculture.

In compliance with the ADA Act, participants with special needs can be reasonably accommodated by contacting Dr. Terry Gipson (405) 466-3836, at least five business days prior to the Goat Field Day.

^aBasic Goat Husbandry I - hoof trimming, farm management calendar, disbudding, etc.

^bBasic Goat Husbandry II - pregnancy diagnosis, injection sites, dewormers and other approved drugs



Cooperative Extension Program
Langston University, P.O. Box 1260, Langston, OK 73050



Phone: (405) 466-3836

Fax: (405) 466-3138

Dear Goat Field Day Participants:

This letter is to invite you to bring your children (ages 5-12) to enjoy a day full of Fun, Food, & Excitement during the Goat Field Day, Saturday, April 24, 2004. The Cooperative Extension Program will be hosting a "4-H Fun Tent". Highlights of the day will include: Risk Watch Training (an injury prevention curriculum) Sponsored by the NFPA (National Fire Prevention Association) & Lowe's Home Improvement (water safety, bicycle safety, and seat belt safety are some of the areas that will be covered); Goat Education (goat petting area, goat bingo, etc.); and many other activities (fishing derby, face painting, etc.).

Please find on the reverse of this letter a participant registration form (feel free to make as many copies as necessary). Fill out one per child and return them with your Goat Field Day registration form so that we may make adequate preparation for the participating youth. Other forms may be needed during your on-site check in. We are excited to have this opportunity to make a positive investment in the lives of our youth.

If you have any questions or concerns, please contact Sheila Stevenson, @ 466-3836 x267 or Dr. Terry Gipson @ 466-3836 x231.

Sincerely,

A handwritten signature in black ink, appearing to read "Sheila Stevenson".

Sheila Stevenson
Cooperative Extension



Co o p e r a t i v e E x t e n s i o n

4-h y o u t h D e v e l o p m e n t



“Goat Field Day–4-H Fun Tent”

Registration Form

Name: _____ Age: _____ Sex: (F) (M) DOB: _____

Address: _____ City/Town: _____ Race: _____

Phone: _____ Pager/cell: _____

Please Note any Health Problems that the Youth has: _____

Emergency & Pickup Information

Person responsible for picking up the youth: _____ Cell Phone: _____

Emergency Contact Name: _____ Relationship to participant: _____

Waiver, Release and Indemnity Agreement

In consideration of permitting _____ to participate in the Cooperative Extension Program “Goat Field Day – 4-H Fun Tent” the undersigned hereby releases and forever discharges the Cooperative Extension Program at Langston University from all claims, demands, damages, actions, causes of action, or suit of any kind of nature whatsoever, and particularly on account of all wrongful death, injuries or damages caused by negligence, known and unknown, both to person and property by the program participant, which have resulted or may in the future develop from an accident which occurred while participating in this program.

The undersigned acknowledges reading the above and is fully aware of the legal consequences of signing this agreement.

Dated this _____ day of _____ 2004.

Parent or Legal Guardian’s Name (Please Print)

Sheila Stevenson, Coordinator _____
Cooperative Extension Representative’s Name (Please Print)

Parent or Legal Guardian’s Signature

Cooperative Extension Representative’s Signature