4-H Youth Development



NEWSLETTER OCTOBER 2025

Breckinridge County
Cooperative Extension Service

1377 S. Hwy 261, Hardinsburg, KY 40143

P: (270) 756-2182 F: 270-756-9016

breckinridge.ca.uky.edu

Can you believe that October is already here? I hope everyone has a safe and enjoyable fall break! After the break, the fall festivals at all the schools will begin. These exciting events bring families and students together throughout the County and offer fantastic activities for everyone to participate in.

In addition to the school events, 4-H is hosting our first fall carnival in the parking lot at the Farmer's Market building. It will take place on October 23rd, right after school, from 3 to 5 p.m. We invite you to come and enjoy an afternoon of fun with 4-H!

If you are a current 4-H club member, please participate and help your club at their booth. We will have sign-up sheets available for current 4-H members, as well as for youth interested in joining for the upcoming program year. Feel free to bring along a friend or family member who may be interested in 4-H. The program is open to all youth in Breckinridge County, and my goal is to reach a record number of participants this year. Please feel free to fill out the enclosed enrollment form and bring with you or drop by the office

Don't forget that multiple clubs will be starting up this month. We have a busy October ahead of us, with three holidays on the horizon. Let's finish out this year with a bang! My hope is that we can all slow down and cherish time spent with family and friends. Savor each moment, whether it's dinner with family, time at school with friends, or participating in 4-H clubs. Tasks we tackle should feel like fun and transform into enjoyable experiences rather than mere time-passers. Enjoy each day, as we do here at the 4-H office. We treasure the memories and fun times shared with our youth. Have a wonderful October filled with sweet treats and cherished memories!



Lexington, KY 40506

Becky Brown
Extension Agent,
For 4-H Youth Development Education
Breckinridge County

Bury Brown

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

Educational programs of Kentucky Cooperative Extension serve all people regardless of economic or social status and will not discriminate on the basis of race, color, ethnic origin, national origin, creed, religion, political belief, sex, sexual orientation, gender identity, gender expression, pregnancy, marital status, genetic information, age, veteran status, physical or mental disability or reprisal or retaliation for prior civil rights activity. Reasonable accommodation of disability may be available with prior notice. Program information may be made available in languages other than English. University of Kentucky, Kentucky State University, U.S. Department of Agriculture, and Kentucky Counties, Cooperating.







CLUB MEETINGS & IMPORTANT DATES





4-H Rabbit Club

Thursday, October 16th 6 p.m CT Extension Farmers' Market & Educational Facility



4-H enrollment forms are included in the back of this newsletter

4-H Homeschool Club

October 7th October 21st 3:30 pm - 5:00 pm CT 4:00 - 5:00 pm CT

October 14th October 28th 4:00 - 5:00 pm CT 4:00 - 5:00 pm CT

Breckinridge County
Extension Farmers' Market
& Educational Facility



Art Club

Monday, October 20th 5 pm CT Extension Office Basement

See the enclosed flyers for Art Club, Chorus, club meeting dates!





4-H Youth **Development**



MONDAYS:

TREBLE CHORUS: 4:00-5:00 PM CST

SENIOR CHORUS: 5:30-6:30 PM CST

OCT. 13TH OCT. 20TH

Nov. 3RD Nov. 10TH Nov. 24TH

DEC. 1ST DEC. XTH

Dec. 13th (Christmas on the Square Performance)

EXTENSION COMMUNITY BUILDING

1377 S HWY 261 HARDINSBURG, KY 40143 270.756.2182

Cooperative **Extension Service**

Educational programs of Kentucky Cooperative Extension serve all people regardless of economic or social status

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4-H LIVESTOCK CLUB

2025-2026



6 PM Farmers Market Building

Oct 20th INTRODUCTION

Officer Elections, Rules, Expectations, and Enrollment

Nov 24th

PIZZA PARTY

Educational Movie and Pizza Party

Dec 15th **NUTRITION & SELECTION**

Presentation by Warren Beeler

Jan 15th **YQCA**

Youth Quality Care of Animal Training

Feb 10th **DISSECTION**

Anatomy and Dissection Lab Snow Day: Feb. 26th

Mar 23rd SHOWMANSHIP

Warren Beeler

April 25th

CLEAN UP AT FAIRGROUNDS

Saturday 8-11

Educational Hours Required

All 4-H youth ages 9-18 showing livestock much achieve 6 hours of education through approved 4-H programs. Each 4-H Livestock Club Meeting counts as 2 hours.

For More Information Contact:

Becky Brown
Extension Agent
4-H Youth Development
270.756.2182 Rebecca.Brown@uky.edu





Come and see what 4-H has to offer!
Clubs will have booths for:
4-H Signups, Activities, Games, and Food!!

Located in the parking lot next to the Farmers' Market Building. 1377 S. Hwy 261 Hardinsburg, KY 40143

Lexington, KY 40506

For more information, contact: Becky Brown 270.756.2182 Rebecca.brown@uky.edu

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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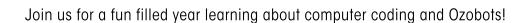




Breckinridge County

4-H Homeschool Club





MEETING DATES

October 7th November	^r 4th J	anuary 6th
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3:30 pm - 5:00 pm CT 4:00 pm - 5:00 pm CT 4:00 pm - 5:00 pm CT

October 14th November 11th January 13th

4:00 - 5:00 pm CT 4:00 - 5:00 pm CT 4:00 - 5:00 pm CT

October 21st November 18th January 20th

4:00 - 5:00 pm CT 4:00 - 5:00 pm CT 4:00 - 5:30 pm CT

October 28th November 25th January 27th

4:00 - 5:00 pm CT 4:00 - 6:00 pm CT 4:00 - 5:00 pm CT

February 3rd March 3rd April 7th

4:00 pm - 5:00 pm CT 4:00 pm - 5:00 pm CT 4:00 pm - 5:00 pm CT

February 10th March 10th April 14th

4:00 - 5:00 pm CT 4:00 - 5:00 pm CT 4:00 - 5:00 pm CT

February 17th March 24th April 21st

4:00 - 5:30 pm CT 4:00 - 5:30 pm CT 4:00 - 5:30 pm CT

February 24th March 31st April 28th

4:00 - 5:00 pm CT 4:00 - 5:00 pm CT 4:00 - 5:00 pm CT

Location:

Breckinridge County
Extension Farmers' Market &
Educational Facility
1377 S. Hwy 261
Hardinsburg, KY 40143

FOR MORE INFORMATION

Contact Becky Brown at 270-756-2182 or rebecca.brown@uky.edu

Cooperative Extension Service

MARTIN-GATTON COLLEGE OF AGRICULTURE, FOOD AND ENVIRONMENT Educational programs of Kentucky Cooperative Extension serve all people regardless of economic or social status

Agriculture and Natural Resources
Family and Consumer Sciences
4-H Youth Development
Community and Economic Development

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Tailgate Caviar

Servings: Makes 24 servings Serving Size: 1/4 cup

Ingredients:

- 1, 15-ounce can low-sodium black beans
- 1, 15-ounce can no-salt added black-eyed peas
- 1, 15-ounce can no salt-added white corn
- 1, 15-ounce can no salt-added yellow corn
- 2, 10 -ounce cans no salt-added mild diced tomatoes, and green chilies
- 1 1/2 cups light Italian dressing
- Salt, pepper and garlic powder to taste
- Optional ingredients: onion, bell pepper, jalapeño, pepper, and cilantro

Directions:

- 1. Wash hands with warm water and soap, scrubbing for at least 20 seconds.
- 2. Open the cans of black beans and black-eyed peas. Pour into a colander and rinse with water. Add to bowl.
- 3. Open cans of white corn, yellow corn, and 2 cans of diced tomatoes. Drain using a colander. Add to bowl.
- 4. Add 1 1/2 cups Italian dressing, and stir to combine.
- 5. Add garlic powder, salt, and pepper to taste. Stir well.
- 6. Optional: Add diced bell pepper, diced onion, chopped cilantro, and/or minced jalapeño pepper. Be sure to wash all produce before cutting.
- 7. Cover, and let sit in the refrigerator for at least an hour but preferably overnight.
- 8. Serve with tortilla chips.
- 9. Store leftovers in a covered container within 2 hours. Eat within 3-4 days.

Source: Healthy Choices for Everybody Curriculum: Adapted from Jeffrey Hines, Lexington, Kentucky, 2011 Food and Nutrition Calendar.

https://www.planeatmove.com/recipes/recipe/tailgater-caviar/

90 calories; 3.5g fat; 0g saturated fat; 0g trans fat; 0mg cholesterol; 190mg sodium; 13g carbohydrate; 3g fiber; 2g sugar; 0g added sugar; 3g protein; 0% Daily Value of vitamin D; 2% Daily Value of calcium; 6% Daily Value of iron; 4% Daily Value of potassium.

STAY CONNECTED

Remind App is Required to Receive Messages

The Remind system is to help 4-H Families stay connected with events, updates, and information regarding Club, County, and Kentucky 4-H. Families can sign up for as many Remind notification systems as they want, but are encouraged to sign up for the General 4-H Remind system.

Club/Category	b/Category for info on:	
General 4-H	All things Breck County 4-H!	@general4-h
Arts	Arts, Crafts, and Needlework	@artcultura
Natural Resources	Entomology, Outdoors, Forestry, Soil, Etc.	@4hnatural
Cloverbuds	4-H Members 5 to 8	@4hbud
Livestock	Livestock, Ham, Horse	@4hlives
Small Animals	Poultry, Rabbit	@4hsmall
Shooting Sports	Trap, Rifle	@4riftraarc
Performing Arts	Treble Chorus, Mixed Chorus, Music, Theater	@4hmusik
Leadership	Teen, Leadership, Career	@4hteencar

Contact Us

Breckinridge County Extension Office 1377 S. Highway 261 Hardinsburg, KY 40143 Phone: (270) 756-2182

Office Hours Monday through Friday 8:00 AM - 4:30 PM CT

Online: breckinridge.ca.uky.edu facebook.com/breckinridgeextension

Becky Brown Extension Agent For 4-H Youth Development Education **Breckinridge County** Phone: (270) 756-2182

Email: rebecca.brown@uky.edu

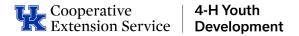
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sexual orientation, gender identity, gender expression, pregnancy, marital status, genetic information, age, veteran status, Agriculture and Natural Resources physical or mental disability or reprisal or retaliation for prior civil rights activity. Reasonable accommodation of disability may be available with prior notice. Program information may be made available in languages other than English. Family and Consumer Sciences

Lexington, KY 40506







NOT FOR RESIDENTIAL CAMPS

4-H Participant Information/Enrollment Form

New Enrollment - Please complete ALL sections.

Re-Enrollment - Please complete "green" sections and any updated information if needed. (Sections I, X-XV)

Name:	Ke-En	rollment -	Piease	com	piele gi	reen sec	tions a	ana	any updated in	iormation if ne	eded.(S	ections	S 1, A-AV)		
T-Shirt II. Family Information This is the primary information we will use to communicate with your 4-H member. Family Name: Family Email: Family Maddress: Family Address: Fami	I. General Information														
This is the primary information we will use to communicate with your 4-H member. Family Name: Family Phone: First Name: Freferred Name (optional): First Name: Family Address: Last Name: Preferred Name (optional): Pamily Same (optional): Same (optio	Name:		School Name:						Cou	nty:					
This is the primary information we will use to communicate with your 4-H member. Family Name: Family Phone: Family Email: Family Address: Family Add	Grade:	T	-Shirt:		<u> </u>					•					
Family Name: Family Phone: Family Phone: First Name: May we release personal information to this person? Yes No VI. Other Emergency Contacts VII. Pick Up Information In addition to the parent/guardian(s) and emergency contacts listed, please list the names of up to two additional people authorized to pick up the above referenced child. These individuals will not be contacted in case of an emergency, the parent/guardian(s) or emergency contact information will only be used. If an individual who is not listed on this form is permitted to pick up your child/children, the parent/guardian(s) will need to	II. Famil	II. Family Information													
Family Phone: Family Address: Family Addre	·														
First Name:	Family Nar	me:					1	Fan	nily Email:						
Preferred Name (optional): Birthdate: Birthdate: # of Previous Years in 4-H:	Family Pho	one:]	Fan	nily Address:						
Preferred Name (optional): Biological Sex:	III. Memb	er Inforr	nation	l			<u> </u>								
Biological Sex: M F Residence: Farm Town < 10,000 or Rural Non-Farm Town/City/Suburb 10,000-50,000 City/Suburb > 50,000 City-Central	First Name	2:							Last Name:						
City/Suburb > 50,000 City-Central > 50,000 Hispanic/Latino: Yes No Race: American Indian Asian Black Native Hawaiian or Pacific Islander White Prefer not to say Not Listed: IV. Parent/Guardian 1 Information	Preferred I	Name (option	onal):						Birthdate:			# of I	Previous Years	n 4-H:	
Hispanic/Latino: Yes No Race: American Indian Asian White Prefer not to say Not Listed: IV. Parent/Guardian 1 Information Last Name: First Name: May we release personal information to this person? Yes No V. Parent/Guardian 2 Information Last Name: First Name: May we release personal information to this person? Yes No VI. Other Emergency Contact Name: Relationship: May we release personal information to this person? Yes No VII. Pick Up Information In addition to the parent/guardian(s) and emergency contacts listed, please list the names of up to two additional people authorized to pick up the above referenced child. These individuals will not be contacted in case of an emergency, the parent/guardian(s) or emergency contact information will only be used. If an individual who is not listed on this form is permitted to pick up your child/children, the parent/guardian(s) will need to	Biological S	Sex:	M	F	Resider	ence:	Farr	n	Town <10,000	or Rural Non-l	Farm	Town	/City/Suburb 1),000-50,0	000
White Prefer not to say Not Listed: IV. Parent/Guardian Information							•								
Phone: May we release personal information to this person? Yes No V. Parent/Guardian 2 Information Last Name: First Name: Phone: May we release personal information to this person? Yes No VI. Other Emergency Contact Name: Relationship: Phone: May we release personal information to this person? Yes No VII. Pick Up Information In addition to the parent/guardian(s) and emergency contacts listed, please list the names of up to two additional people authorized to pick up the above referenced child. These individuals will not be contacted in case of an emergency, the parent/guardian(s) or emergency contact information will only be used. If an individual who is not listed on this form is permitted to pick up your child/children, the parent/guardian(s) will need to	Hispanic/L	atino:	Yes	N	lo Ra	ace:									
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will only be used. If an individual who is not listed on this form is permitted to pick up your child/children, the parent/guardian(s) will need to															
Name of First Person: Relationship to 4-H Member:															
Phone:															
Name of Second Person: Relationship to 4-H Member:	Name of Sec	cond Perso	n:							Relationship	to 4-H M	1embe	r:		

VIII. Military Service (if none, skip this section)

Relationship to Mem	ber serving:				Branc		
Service Status:	Active Duty	Nationa	al Guard	Resei	rves	Other:	

Cooperative Extension Service

Phone:

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4-H Youth Development

NOT FOR RESIDENTIAL CAMPS

IX. Health History

Does the participant have, or at any time has had, any of the following? Check "Yes" or "No" to each item. Please explain any "Yes" answers in the space below or an additional sheet if necessary. Reporting conditions allow Extension personnel and approved volunteers to best support your young person and will be kept confidential.

Allergies

1.Serious Allergy to Insects	Yes No	Please explain any "yes" respons
2.Serious Allergy to Dairy	Yes No	
3.Serious Allergy to Gluten	Yes No	
4.Serious Allergy to Nuts	Yes No	
5.Other Allergy(Please explain)	Yes No	

Please explain any "yes" responses, including medications for any allergies:									
rease explain any jes responses, metatang metateurous for any unergies.									

The following over the counter medications may be administered to my child without contacting me:

Acetaminophen:	7	es	No		Antac	eid:	Yes	No	Antihist	amine Pil	l:	Yes	No
Decongestant:	7	es	No		Dram	amine:	Yes	No	Hydroc	ortisone C	Cream:	Yes	No
Ibuprofen (Advil)			Yes	No)	Polysporin	(topical a	ntibiotic)		Yes	No		

Conditions

1.Asthma	Yes	No	6.Fainting	Yes	No	11.Wear Glasses/Contacts?	Yes	No	
2.Bronchitis	Yes	No	7.Headaches	Yes	No	Please explain any "yes" re	sponses, i	including med	ications taken for
3.Convulsions	Yes	No	8.Heart Condition	Yes	No	any conditions:			
4.Diabetes	Yes	No	9.Hypoglycemia	Yes	No				
5.Ear Infection	Yes	No	10.Other Conditions	Yes	No				

Please explain any restrictions (dietary, physical, etc) OR social, emotional, and/or behavioral health information needed:

X. Communication

I acknowledge and agree that, although my child may participate in 4-H programs delivered in school settings, the University of Kentucky Cooperative Extension Service is a separate entity from my child's school and school district. I understand and agree that employees and approved volunteers of the Cooperative Extension Service may communicate electronically with my child outside the school's traceable communication system regarding 4-H clubs, programs, activities, and events following guidelines established by the University of Kentucky, state, and federal regulations for the Land Grant Cooperative Extension Service. (Initials)

XI. REVIEW CONFIRMATION SIGNATURE

All information provided on this form is correct and complete to the best of my knowledge. This person has permission to engage in all events and activities. I hereby give permission to the event designee to provide routine health care, administer prescription and over the counter medications as noted and seek emergency medical treatment if warranted. I agree to the release of all records necessary for medical treatment, billing, or insurance. In the event I cannot be reached in an emergency, I give permission to the attending physician to secure and administer treatment, including hospitalization.

PARENT/GUARDIAN:	DATE:	
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XII. SURVEY & EVALUATION RELEASE

I hereby establish my willingness to participate as an adult (i.e., 4-H leader, other volunteer, parent/ guardian, site manager, etc.) and give permission for my child (under 18 years of age) to complete surveys and evaluations that will be used to determine program effectiveness or to promote the program. I understand that participation in surveys and evaluations is voluntary and that my child and I may choose not to participate and may withdraw from surveys and evaluations without impact on my or my child's eligibility to participate in the 4-H program. I understand that my child or I may be asked for consent before completing a survey or an evaluation.

Yes No I am willing to participate or give permission for my child to participate in any program evaluation. (Initials)

XIII. PERMISSION TO PARTICIPATE

I acknowledge that my child is participating in 4-H programs for their own personal benefit and that my child will participate in recreational and other activities as part of 4-H programs. I understand that some activities may have inherent dangers and physical risks and that no amount of care, caution, instruction, or expertise can completely eliminate them. I assume responsibility for all risks, known and unknown, involving my child's participation in 4-H programs and I voluntarily authorize my child's participation in reliance upon my own judgment and knowledge of my child's experience and capabilities. I hereby agree to indemnify and hold harmless the University of Kentucky Cooperative Extension Service and all related parties from any liability, losses, costs, damages, claims or causes of action of any kind or nature arising from or related in any way to my child's participation in 4-H program. (Initials)

XIV. RELEASE

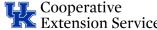
I hereby grant the 4-H program, University of Kentucky and their agents, the right to use, reproduce, assign, and/or distribute still pictures, video, and sound recordings of myself or my minor child without compensation for use in promotion, advertising, educational publications or online content.

PARENT/GUARDIAN	NO	O, I DO NOT	PER	MIT
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XV. 6th-12th Grade Participants:

Want more information from the University of Kentucky, Martin-Gatton College of Agriculture, Food and Environment?

YES, please share my information!





4-H Youth Development Code of Conduct Form

All 4-H members and family/friends/caretakers associated with 4-H members must respect the individual rights, safety and property of others and adhere to this Code of Conduct Code of Conduct, University, state and federal guidelines. A 4-H member may be prohibited from participating in a specific event/program if the participation by the individual poses a danger to the 4-H member and/or others. Safety of all involved in 4-H programs is top priority, the following guidelines are designed to ensure all involved understand their role in participating in a safe and educational environment for all.

WHILE ENROLLED AS A 4-H MEMBER:

- To be a member in good standing it is expected that the 4-H participant attends planned sessions, workshops, field trips, and meetings associated with their enrollment. To be eligible for cumulative events in 4-H, members must complete at least six hours of education in the core program area they are participating in under the expectations laid out by the 4-H program.
- Dress codes will be specific to individual events/programs/activities.
- The possession and use of alcoholic beverages, tobacco products, vape juice and/or devices, and/or drugs (except for medications prescribed to the participant by a licensed physician, with proper paperwork and accommodations made)
- Possession of firearms not for educational use is prohibited.
- Setting of fire alarms and tampering with fire extinguishing and other emergency equipment are prohibited.
- Gambling of any type is prohibited.
- Respect toward others and facilities shall be demonstrated. Bullying, harassment of others or destruction of property shall not be tolerated. Bullying and harassment can include the use of social media.
- Physical violence is not tolerated.
- Obscene, discriminatory and/or inappropriate language, roughhousing, and insubordination are prohibited at all times.
- Display of overly affectionate or inappropriate attention between participants is prohibited.
- Technological equipment (including but not limited to cell phones, cameras, laptops, or mp3 players) shall not interfere with the program and may not be allowed in certain situations.
- Articles of clothing which display profanity, products, or slogans which promote tobacco, alcohol, drugs, sex, or are in any other way distracting, are prohibited.
- Additional expectations may be required based on the activity/program/event the 4-H member is participating in.

WHILE ATTENDING OVERNIGHT 4-H EXPERIENCES THE FOLLOWING WILL ALSO APPLY:

- All participants must follow the agenda and expectations that are set forth by the program planners. Chaperones/adult volunteers will actively monitor all participants.
- All participants are to be in their assigned area at curfew and comply with quiet hours, lights out, and other rules of the event. Chaperones/adult volunteers will actively monitor all participants based on Client Protection and Risk Management Standards.
- No member or volunteer may leave the event/activity/program without the permission of the event planner or adult in charge. An adult shall accompany a 4-H member at any time they leave the grounds. Adults shall notify another adult before leaving the grounds.
- At overnight events, only conference participants may be in sleeping areas. Individuals may only be in their assigned sleeping area. Lounges or common areas may be used only for working committees and social activities.

Any violations of this Code of Conduct, University, state and federal policies shall be reported promptly to the chaperone for the individual and to the person in charge of the event. The person in charge of the event shall have the final responsibility for disciplinary action with support from UK CES administration Failure to comply with the Code of Conduct, University, state and federal policies by 4-Hers and family/friends/caretakers associated with the 4-H participant may result in penalty including, but not limited to, the following:

- Sent home from the activity or event at their own expense.
- Barred from participation from future 4-H events.
- Assessed the cost of damages for destruction of property.

I,(Print Name)	, have read the Code of Conduct and agree to abide by its rules.
I understand that infraction of this Code of Conduct will result in	any or all of the penalties listed above.
Member:	County:
Parent/Guardian:	Date:

Cooperative **Extension Service**

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





Breckinridge County 4-H Clubs



Sheep Swine

Please check clubs you are interested in below.

The 4-H newsletter will include dates of club meetings and activities. We will also send information out about clubs/activities to those who indicate interest once they are ready to begin.

Once you have returned this enrollment form you may begin attending meetings.

4-H Age is 9-18 as of January 1, 2026

Cloverbuds are for ages 6 to 8 as of January 1, 2026.

Cloverbuds	Rabbit Club
Art Club	Shooting Sports
Country Ham Club	Treble/Mixed Chorus
Homeschool Club	Exploring 4-H
Poultry Club	Livestock Club Cycle all that apply: Beef Goat