

The Planning Committee of the Annual 4-H



Family Learning Day

Invites you to be a session presenter

**Saturday,
February 25, 2023**

Family Learning Day is an opportunity for 4-H members (grades K-12) and the community to learn a new skill. Please help make this day a success by volunteering to teach a session or two. If you need help with your session, invite another person to co-teach with you. The program is held at UW-O Fond du Lac Campus. Sessions 2 and 3 are 90 minutes, while sessions 1 and 4 are 60 minutes. Indicate the length and time of day that fits your needs. You may repeat your session if you wish. Complete the bottom half of the sheet and return it to the Extension Office, 227 Admin/Extension Bldg., 400 University Dr., Fond du Lac WI 54935, or email tina.engelhardt@wisc.edu **before December 1.**

You will receive notice of the number of participants in your session approximately 2 weeks prior to the event. Fond du Lac County 4-H Adult Leaders Association will provide lunch for presenters who request it on this registration form. Questions: Contact Extension Office at 920-929-3171.

Family Learning Day Session Presenter Registration (In-Person)

Session Name: _____
Instructor's Name: _____ Name: _____
Address: _____ Address: _____
Phone: _____ Phone: _____
E-mail: _____ E-mail: _____

If more than two presenters, list names, addresses, and phone numbers on an additional registration form. Rank your time preferences based upon the length of your session (1, 2, 3, 4). Please plan your sessions, so participants remain in the session for the entire time. We will attempt to accommodate your choices for time of day:

9:00-10:00 a.m. (60 min) _____ 10:15-11:45 a.m. (90 min) _____ 12:30-2:00 p.m. (90 min) _____

2:15-3:15 p.m. (60 min) _____

How many times would you be willing to teach a session: Circle (1, 2, 3, 4)

Minimum number of participants to hold session: _____ Maximum number of participants: _____

If you want only certain ages in the session, please specify the ages: _____

Estimated cost (if any) \$ _____ per participant (Cost may not exceed \$10.00.) You will need to turn in receipts for expenses to be reimbursed. Materials can also be purchased by the office. If choosing this option, all lists must be submitted to the office by **Jan. 13** to be ordered. Allow time for shipping.

_____ Office Purchase _____ Reimbursed

Presenters need to bring **all materials** participants need to complete the sessions.

List equipment or special needs; i.e., TV, DVD player, projector, screen, copies of handouts, extra time before or after session to set up/take down _____

Brief description of session to be used in brochure: _____

Lunch will be provided for presenters, if you request it on this form. Please indicate your interest:

_____ Yes, I will be eating lunch at FLD. (_____ Number of presenters). _____ No, I will not be having lunch.

Fifteen minutes are allowed between sessions

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Family Learning Day Session Presenter Registration (Kits)

Many of the sessions typically offered at Family Learning Day can be put into a project kit. If you are interested but cannot teach in person, please consider this option. All kits must include a written set of instructions. If possible, please include pictures of the steps along with the instructions. If you would like to offer a virtual session to teach or would like to make an instructional video to be viewed while the youth complete the kit, you are welcome to do so, but it is not necessary.

Session Name: _____
Instructor's Name: _____
Address: _____
Phone: _____
E-mail: _____

Instructor's Name: _____
Address: _____
Phone: _____
E-mail: _____

If more than two presenters, list names, addresses, and phone numbers on an additional registration form.

Minimum number of kits to offer: _____

Maximum number of kits: _____

If you want only certain ages for the project kits, please specify the ages: _____

Estimated cost (if any) \$_____per participant (Cost may **not exceed \$10.00 per kit.**)

You will need to turn in receipts for expenses to be reimbursed, if you purchase the supplies.

Materials can also be purchased by the office. If choosing this option, all lists must be submitted to office by **Jan. 13** to be ordered. Allow time for shipping.

_____ Reimbursed _____ Office Purchase

The project kits need to be put together and **dropped off at the Extension Office by Feb 13.**



Extension
UNIVERSITY OF WISCONSIN-MADISON
FOND DU LAC COUNTY



HEAD



HEART



HANDS



HEALTH