

**Bullitt County 4-H Food-A-Rama**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ (Circle one) Cell Work Home

Parent Email: \_\_\_\_\_

You can enter more than one category. But only one item per category.

Category: \_\_\_\_\_ Name of Dish: \_\_\_\_\_

Category: \_\_\_\_\_ Name of Dish: \_\_\_\_\_

Category: \_\_\_\_\_ Name of Dish: \_\_\_\_\_

Category: \_\_\_\_\_ Name of Dish: \_\_\_\_\_

Category: \_\_\_\_\_ Name of Dish: \_\_\_\_\_

**The people listed in this section will be the only people allowed to pick up the child! Photo ID's will be checked- Please inform those picking up your child to have ID available.**

Parent/Guardian (s) Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ (Circle one) Cell Work Home

Emergency Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_ (Circle one) Cell Work Home

Alternate Pickup Person 1: \_\_\_\_\_ Relationship: \_\_\_\_\_

Alternate Pickup Person2: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Publicity Release:** I grant the University of Kentucky Cooperative Extension Service permission to photograph/videotape me/my child for possible use in brochures/videos/websites/news articles, etc. promoting participation in Extension program (s). I understand its contents.

Signature of Parent/Guardian: \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_

Please Check:

\_\_\_\_\_ I give permission for my child's name/county to be included in publicity.

\_\_\_\_\_ I do not give permission for my child's name/county to be included in publicity.