



4-H SRTLC

CROSSVILLE, TENNESSEE

February 3-6, 2022

THE 4-H SOUTHERN REGION TEEN LEADERSHIP CONFERENCE IS A MULTI-STATE LEADERSHIP EVENT AND IS FOR YOUTH AT LEAST 14 YEARS OF AGE. EVENT HIGHLIGHTS ARE: TASTE OF STATES, T-SHIRT SWAP, 4-H 4K, LEADERSHIP WORKSHOP, ROUNDTABLES, COMMUNITY SERVICE PROJECT, PRIDE OF STATES, DANCES, CAMP FIRE, AND SO MUCH MORE!

CONTACT YOUR LOCAL 4-H PROGRAM FOR DETAILS!

**LET'S GET SOCIAL!
FACEBOOK: @4HSRTLC
INSTAGRAM: @SRTLC4H**



Southern Region Teen Leadership Conference WINTER 2022

February 3-6, 2022

Subject to Change Due to Weather



Clyde M. York 4-H Center Operates on the Central Time Zone

Thursday

4:00 - 6:00 p.m.	Registration	Rec Hall
4:00 - 6:00 p.m.	Welcome Activities Clover Grams Creations	Rec Hall
5:45 - 7:00 p.m.	Dinner	Dining Hall
6:30pm-7:00pm	Adult Meeting	Rec Hall
7:15 - 8:30 p.m.	Parade of States Welcome to SRTLCL!	Rec Hall
8:30- 9:30 p.m.	State Swap Meet	Rec Hall
9:30 – 10:45 p.m.	Camp Fire and Workshop Sign-Ups Rotation of Team Numbers: 8:30-9:15 – Teams 1-5 9:15-10:00 – Teams 6-10	Camp Fire/Rec Hall Dining Hall
10:45 p.m.	In Your Own Cabin	
10:45 p.m.	Planning Committee	Rec Hall

Friday

6:30 - 7:00 a.m.	Morning Energizer! Tennessee Planning Committee Members	Rec Hall
7:00 - 8:00 a.m.	Breakfast	Dining Hall
8:30 - 9:30 a.m.	Session A Workshops	
9:30 – 9:50 a.m.	Morning Break	
10:00 – 11:00 a.m.	Leadership Workshop	
11:10 - 11:30 a.m.	Networking	
11:30 - 12:50 p.m.	Lunch	Dining Hall
1:00 – 2:00 p.m.	Session C Workshops	
2:10 – 3:45 p.m.	Round Tables	
3:45 -4:00 p.m.	Afternoon Break	
4:00 - 5:30 p.m.	T-Shirt Exchange (Rotation by Sizes) Canteen Open	Dining Hall
5:30 p.m-6:00 p.m.	Prepare for Evening Activities	
6:00 - 7:00 p.m.	Dinner	Dining Hall
7:00- 8:00 p.m.	Pride of States Showcase	Rec Hall
8:00-9:00 p.m.	Panel Discussion	Dining Hall
9:00-9:15 p.m.	Prepare for Dance/Movie/Games	
9:15-10:45 p.m.	Dance (Theme: College/State Spirit!) Movies & Games	Rec Hall Dining Hall
11:00 p.m.	In Your Own Cabin	
11:00 p.m.	Planning Committee Meets	Rec Hall

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7:00 - 8:00 a.m.	Breakfast	Dining Hall
8:15 a.m.	Group Photo Board Buses for Off-Campus Event	
9:00 a.m. – 12:00 p.m.	Tennessee Tech *Lunch Included	Cookeville, TN
12:30 p.m.	Service Project	
2:30 p.m.	Arrive Back to Camp Prepare for Afternoon Activities	
3:30-4:30 p.m.	Taste of States Pride of States Rotation By Teams: 3:30-4:00 – Teams 1-5 at Taste of States 3:30-4:00 – Teams 6-10 at Pride of States 4:00-4:30 – Teams 1-5 at Pride of States 4:00-4:30 – Teams 6-10 at Taste of States	Dining Hall Rec Hall
4:30-5:00 p.m.	Prepare for Evening Activities	
5:00-6:00 p.m.	Talent Show Virtual 4-H 4K Award Ceremony	Rec Hall
6:00 – 7:00 p.m.	Dinner	Dining Hall
7:00-7:30 p.m.	Prepare for Dance/Board Games/Movies	
7:30-9:15 p.m.	Dance (Theme: Glow!) Board Games Movies	
9:15 p.m.	Evaluations and Reflections	
9:45 p.m.	In Your Own Cabin	
9:45 p.m.	Planning Committee Meets	Rec Hall

Sunday

7:00 – 8:00 a.m.	Breakfast	Dining Hall
8:00 – 9:15 a.m.	Clean Up and Check Out	

4-H Southern Region Teen Leadership Conference Registration Form WINTER 2022



Participant Last Name:		
Participant First Name:		
4-H Age:		

T-Shirt Size: <i>Adult Sizes Only</i>	Small	Medium	Large	XL	XXL	XXXL	XXXXL
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Participant Email:	
Participant Phone:	

Race:	White	Black	American Indian/Alaskan Native	Asian	Native Hawaiian/Pacific Islander	Other
Ethnicity:	Hispanic/Latino	Non-Hispanic/Latino	Gender:	Male	Female	Other (please specify):

Parent/Guardian Last Name:		Parent/Guardian First Name:	
Parent Guardian Email:		Parent/Guardian Phone:	

Emergency Contact Last Name:		Emergency Contact First Name:	
Emergency Contact Phone:		Emergency Contact Alternate Phone:	

Dietary Restrictions or Medical Restrictions: <i>Include any restrictions (i.e. -vegetarian, recent surgeries, etc.)</i>	
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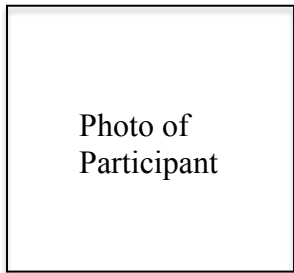
Survey & Evaluation Release: I hereby establish my willingness to participate as an adult (i.e. 4-H leader, other volunteer, parent/guardian, site manager, etc.) and give permission for my child (under 18 years of age) to complete surveys and evaluations that will be used to determine program effectiveness 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.

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

_____ (Initials) Yes No The SRTLTC Committee has permission to use my image or my child's image in materials for conference.

Delegate:	Print:	Sign:	Date:
Parent/Guardian:	Print:	Sign:	Date:



**Activity and Event
Acceptance Form**Photo of
Participant*Please print*Name _____
(Last) (First) (M.)

County _____

*This form requires parent/guardian and participant signatures on the back page. Failure to have both bona fide signatures shall be sufficient to disqualify a member from further participation.*Activity and Event Acceptance Form for _____
(event or activity)**A. Identification of Participant**Date of Birth _____ Age _____ Sex: Male Female

Parent or Guardian _____

Home Address _____
(Street/P.O. Box) (City) (State) (ZIP)

Cell Phone (____) _____ Daytime Phone (____) _____ Nighttime Phone (____) _____

Workplace Address _____ Phone (____) _____
(Address/City/State/ZIP)Other Emergency Contact (if appropriate) _____
(Name)_____
(Address/City/State/ZIP) (____)
(Phone, if different than above)**B. Code of Conduct**

This 4-H activity or event is planned, conducted and supervised by UT and TSU Extension. All participants are responsible for their conduct to UT and TSU Extension personnel and/or 4-H volunteers supervising the activity or event. Specific guidelines for conduct include:

- A. Participants shall be in their rooms and quiet at the time determined by UT and TSU Extension personnel and volunteers. Boys are not to go into girls' rooms and girls are not to go into boys' rooms at any time unless accompanied by authorized UT and TSU Extension personnel or adult 4-H volunteers.
- B. Participants shall participate fully in all programs outlined for the activity or event.
- C. Participants shall show respect for the property and facilities used during the activity or event and assume financial responsibility for any damages they cause.
- D. Participants' conduct at all times shall be appropriate to the standards and image of the 4-H program. Tobacco products, drugs, alcohol, weapons and fireworks will not be tolerated at any 4-H event or activity.

Parents and participants understand and accept the responsibility for following the above guidelines, and realize that failure to do so may result in a participant being sent home from the activity or event at his or her own expense and/or made ineligible to participate in future 4-H events or activities.

C. Publicity Release

By indication of signature on the last page, participants authorize the University of Tennessee, Tennessee State University, and the Tennessee 4-H Foundation to photograph, film, audio/video tape, record and/or televise their image and voice, and biographical material, in whole or in part in any medium now known or developed in the future, without any restrictions.

D. Health History and Medical Record for _____

(Name of Participant)

The information on this form will not be used to discriminate against a child on the basis of any disability.

Name of Family Physician _____ Phone () _____

Family Medical/Hospital _____
 (Carrier) (Policy or Group #)

Attach a front and back copy of your insurance card below:

Insurance Card (front)	Insurance Card (back)
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Check all that apply

Is participant allergic to the following drugs?:

- Penicillin Sulfa Drug Tetracycline Aspirin
 Allergy to a medicine, food, plant, or insect toxin. (Explain) _____

- Asthma Heart Trouble Nosebleeds Diabetes Convulsions Fainting Spells
 Any condition that may require special care, diet or restriction of activities for medical reasons.

(Explain) _____

Does participant wear: Dentures Contact Lens Other (Explain) _____

Is any medication, including behavior modification medication, being taken at the present time? Yes No

If yes, explain _____

Date of most recent medical examination: _____

Are you aware of any current health problems? Yes No If yes, explain _____

Is there any accident, illness or past/present history related to the following: (If yes, give dates and full details below.)

	No	Yes	Year		No	Yes	Year
Serious Injury/Illness	<input type="checkbox"/>	<input type="checkbox"/>	_____	Appendicitis	<input type="checkbox"/>	<input type="checkbox"/>	_____
Surgery	<input type="checkbox"/>	<input type="checkbox"/>	_____	Kidney Infection	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ears, Eyes	<input type="checkbox"/>	<input type="checkbox"/>	_____	Back, Joints, Limbs	<input type="checkbox"/>	<input type="checkbox"/>	_____
Teeth, Tonsils	<input type="checkbox"/>	<input type="checkbox"/>	_____	Blood	<input type="checkbox"/>	<input type="checkbox"/>	_____
Rheumatic Fever	<input type="checkbox"/>	<input type="checkbox"/>	_____	Stomach	<input type="checkbox"/>	<input type="checkbox"/>	_____

Immunizations	Last Yr. Given	Immunizations	Last Yr. Given	Has Had (please check)
Tetanus	_____	Measles	_____	<input type="checkbox"/> Measles
Diphtheria	_____	Mumps	_____	<input type="checkbox"/> Mumps
Polio	_____	Rubella	_____	<input type="checkbox"/> Rubella
Hepatitis A, B or C	_____	Varicella	_____	<input type="checkbox"/> Chicken Pox
(circle one/any)				<input type="checkbox"/> Tuberculosis

E. Health and Safety Investigations

On-site authorities may enter a room/facility for purposes of a search without permission of the person occupying a room in order to ascertain health and safety conditions in the room and/or for the purpose of investigating suspected violations of UT and TSU Extension/4-H Youth Development rules and regulations and/or city, state or federal law. In case of an emergency, when there is danger to a person, property or the building, no authorization is required.

F. Consent for First Aid Treatment

Please complete this Consent for First Aid treatment form. This will allow appropriate treatment for your child in the event of minor illness or injury. Check any or all treatments, if available, as your consent. If you do not give us your permission to provide these non-emergency treatments, we will not be able to provide them to your child. Medication may be self-administered under a health care professional's or trained 4-H agent's supervision as appropriate. Conditions in parentheses are examples of the most frequent use of these medications, but may not be the sole use of the medication.

- Bausch and Lomb® eye wash or generic equivalent (*eye irritation*)
- Benadryl® or generic equivalent (*rash or bee sting*)
- Calamine lotion/Caladryl® or generic equivalent (*sunburn or poison oak/ivy*)
- Emetrol® or generic equivalent (*nausea*)
- Hydrocortisone ointment or other equivalent (*insect bites*)
- Ibuprofen (*pain*)
- Imodium AD® or generic equivalent (*diarrhea*)
- Isodettes® spray or generic equivalent (*sore throat*)
- Lanacane® spray, Solarcaine® or aloe vera gel (*sunburn*)
- Milk of Magnesia®, Mylanta®, or generic equivalent (*antacid*)
- Neosporin® or generic equivalent (*topical treatment for cuts*)
- Pepto Bismol® or generic equivalent (*upset stomach*)
- Robitussin® or generic equivalent (*nasal congestion/coughing*)
- Swimmer's ear solution (*earache*)
- Tylenol® or generic equivalent (*pain*)
- Tylenol® cold tablets or generic equivalent (*congestion*)

G. Administration of Medication

Check here if your child, _____, will have medication(s) (prescription or non-prescription) and is competent to **self-administer** them under appropriate supervision.
(Name of Participant)

Medications should be sent to the event or activity in the original container and include the following information: (1) Name of child, (2) Name of medication, (3) Dosage and directions, (4) Name of licensed prescriber (*if applicable*), (5) Name, address and phone number of pharmacy (*if applicable*), (6) Prescription number (*if applicable*), and (7) Date prescription was filled (*if applicable*).

If your child is a participant at one of the Tennessee 4-H Centers (Camps), you must include a **parental consent form for each medication** (prescription or non-prescription) you send with your child. Please consult your County Extension Agent for a form and more information.

H. Emergency Medical Release

In consideration of _____ 's (*participant's name*) participation in the 4-H activity or event, I provide the following release. I understand that a health problem or a medical emergency may develop that necessitates the administration of medical care, hospitalization or surgery.

In the event of injury or illness to _____ (*participant's name*), I hereby authorize the University of Tennessee, Tennessee State University, and its representative(s) or agent(s) to secure any necessary treatment, including the administration of anesthetics and surgery.

In signing this acceptance form at the bottom of this page, I agree not to hold the University of Tennessee, Tennessee State University, or camp health care professional (or any of its representatives or agents) responsible for any side effects of medications.

I further give permission to the University of Tennessee, Tennessee State University, and its representative(s) or agent(s) to provide the medical history form to health care personnel. I authorize any physician, health care provider or any hospital to provide reasonable and necessary medical treatment or supplies. This original permission or a photo static copy thereof is equally valid as an authorization.

I recognize that the event does not provide sickness or accident insurance coverage for participants; and, I accept responsibility for payments of medical costs incurred for injuries or illnesses.

Required Signatures* - Parent/Guardian and Participant

We have provided accurate information in all areas represented on this form. We understand and agree to the expectations and procedures as stipulated in the preceding sections of this ACTIVITY AND EVENT ACCEPTANCE FORM. We understand that all of the following sections must be initialed to demonstrate our agreement and acceptance and a full, dated signature must be provided at the bottom of this page.

Parent's Initials	and	Participant's Initials	
_____		_____	A. Identification of Participant
_____		_____	B. Code of Conduct
_____		_____	C. Publicity Release
_____		_____	D. Health History and Medical Record
_____		_____	E. Health and Safety Investigations
_____		_____	F. Consent for First Aid Treatment
_____		_____	G. Self-Administration of Medication
_____		_____	H. Emergency Medical Approval

* If for religious reasons you cannot sign this section, contact your Extension office for a legal waiver (F600C) which must be signed in order to participate.

I have read this Release and Assumption of Risk Agreement and sign it on behalf of myself, my heirs, assigns and anyone entitled to act on my behalf.

Signed _____ Date _____
(Parent or Guardian Signature) (Month/Day/Year)

Signed _____ Date _____
(Participant's Signature) (Month/Day/Year)

Programs in agriculture and natural resources, 4-H youth development, family and consumer sciences, and resource development.
University of Tennessee Institute of Agriculture and county governments cooperating.
UT Extension provides equal opportunities in programs and employment.
Revised 2/14



4-H Participant Information/Enrollment Form (NOT FOR RESIDENTIAL CAMP)

Note: The form must be completed by the participant and/or parent or guardian in order to participate in the 4-H program. **All items must be completed, even if the response is not applicable – indicate by using N/A (i.e. no health insurance).** Failure to complete this form in its entirety will result in the person being ineligible to participate in 4-H activities. Please print in blue or black ink to allow for photocopying.

Name: _____ County/District: _____
Last First

Address: _____ Birth date: _____ Age: _____
 Youth Female
 Adult Male

City: _____ State: KY Zip: _____ Email: _____ Home Phone: _____ Farm: Yes No

Race: Asian White Black American Indian Hawaiian & Pacific Islander Hispanic Non-Hispanic Grade: _____

Emergency Contact #1: _____ Phone H W C _____ Phone H W C _____

Emergency Contact #2: _____ Phone H W C _____ Phone H W C _____

Name of Family Doctor: _____ Doctor's Phone: _____

Health Insurance Company: _____ Policy #: _____

Name of Policy Holder/Relationship to Participant: _____ Member ID: _____

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 (noting the number of the item) in the space below or on an additional sheet if necessary. Reporting conditions will not prevent a person from attending and will be kept confidential.

	Yes	No	
1) Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Please Explain Any "Yes" Responses:
2) Bronchitis.....	<input type="checkbox"/>	<input type="checkbox"/>	
3) Convulsions.....	<input type="checkbox"/>	<input type="checkbox"/>	
4) Diabetes.....	<input type="checkbox"/>	<input type="checkbox"/>	
5) Ear Infection.....	<input type="checkbox"/>	<input type="checkbox"/>	
6) Fainting.....	<input type="checkbox"/>	<input type="checkbox"/>	
7) Heart Condition.....	<input type="checkbox"/>	<input type="checkbox"/>	
8) Headaches.....	<input type="checkbox"/>	<input type="checkbox"/>	
9) Hypoglycemia.....	<input type="checkbox"/>	<input type="checkbox"/>	
10) Serious Allergy to Insects.....	<input type="checkbox"/>	<input type="checkbox"/>	
11) Wear Glasses/Contacts.....	<input type="checkbox"/>	<input type="checkbox"/>	
12) Other Conditions.....	<input type="checkbox"/>	<input type="checkbox"/>	
13) Drug Allergy (please explain)	<input type="checkbox"/>	<input type="checkbox"/>	
14) Food Allergy (please explain)	<input type="checkbox"/>	<input type="checkbox"/>	
15) Other Allergy (please explain)	<input type="checkbox"/>	<input type="checkbox"/>	

List and explain any restrictions (dietary, physical, etc):

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

<input type="checkbox"/> Antihistamine Pill	<input type="checkbox"/> Antacid	<input type="checkbox"/> Ibuprofen (Advil)	<input type="checkbox"/> Hydrocortisone Cream
<input type="checkbox"/> Acetaminophen (Tylenol)	<input type="checkbox"/> Decongestant	<input type="checkbox"/> Dramamine	<input type="checkbox"/> Polysporin (topical antibiotic)

MEDICAL TREATMENT

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. **SIGNATURE OF PARENT/PARTICIPANT:** _____ **DATE:** _____

PUBLICITY 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.

SIGNATURE OF PARENT: _____ **NO, I do not permit.**

4-H Youth Development CODE OF CONDUCT FORM (NOT FOR RESIDENTIAL CAMPS)

All 4-H members and family/friends associated with 4-H members must respect the individual rights, safety and property of others and adhere to this Code of Conduct. 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. The following guidelines are designed to make all 4-H events safe, meaningful, and satisfying to youth and others attending.

WHILE ATTENDING ALL 4-H MEETINGS, PROJECTS, PROGRAMS, ACTIVITIES AND EVENTS:

- Each 4-H participant is expected to attend all planned sessions, workshops, field trips, and meetings of the event, and to be in appropriate dress. Dress codes will be specific to individual events. Delegation chaperones and/or volunteers are responsible for ensuring that members participate in all aspects of the planned program activities.
- The possession and use of alcoholic beverages, tobacco products, and/or drugs (except for medications prescribed to the participant by a licensed physician) are strictly prohibited. Delegation chaperones and/or volunteers shall limit use of tobacco products to designated areas.
- Setting off fire alarms, tampering with fire extinguishing and other emergency equipment are strictly prohibited.
- Gambling of any type is strictly prohibited.
- Obscene, discriminatory and/or inappropriate language, roughhousing, and insubordination are prohibited at all times.
- 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.
- Display of overly affectionate or inappropriate attention between participants is strictly prohibited.
- Technological equipment (including but not limited to cell phones, laptops or mp3 players) shall not interfere with the program and may not be allowed in certain situations.
- Each county may adopt additional Code of Conduct guidelines.

WHILE ATTENDING OVERNIGHT CONFERENCES, CAMPS, AND EVENTS, THE FOLLOWING WILL ALSO APPLY:

- All participants are to be in their assigned area at curfew and comply with quiet hours, lights out, and other rules of the event.
- No member or volunteer may leave the grounds without the permission of the conference director or adult in charge. An adult shall accompany a 4-H member any time he/she leave the grounds. Adults shall notify another adult in the delegation before leaving the grounds.
- At overnight events, only Conference participants may be in sleeping areas. Lounges or common areas may be used only for working committees and social activities.
- Room service such as phone calls, food, laundry, or others shall not be permitted without chaperone permission.

Any violations of this Code of Conduct shall be reported promptly to the adult in charge of the delegation/program and to the person in charge of the event. The person in charge of the event shall have the final responsibility for disciplinary action. **Failure to comply with the Code of Conduct by 4-H'ers and family/friends 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 his/her own expense
- Released to nearest law enforcement authority
- Barred from participation from future 4-H events
- Termination of 4-H membership
- Assessed the cost of damages for destruction of property

I, _____, have read the Code of Conduct and agree to abide by its rules.
(Print Name)

I understand that infraction of this Code of Conduct will result in any or all of the penalties listed above.

Member/Volunteer _____ County _____

Parent/Guardian _____ Date _____

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, or physical or mental disability.

Southern Region Teen Leadership Conference

February 3-6, 2022 Crossville, TN



WORKSHOPS

1 HOUR TIMEFRAME

We recommend workshops be taught by 2 youth and one adult. It is also recommended that each workshop consist of 30 minutes of hands on activity.

Proposals are due January 14 via https://uky.az1.qualtrics.com/jfe/form/SV_262epRM45ijjYay

ROUNDTABLES

20 MINUTE TIMEFRAME

Roundtables are 20 minute guided discussion groups. For each roundtable, the contact will need to devise a topic and a list of guiding questions that will help move discussion along.

Proposals are due January 14 via https://uky.az1.qualtrics.com/jfe/form/SV_262epRM45ijjYay

SERVICE PROJECT

Each year the conference delegation “adopts” an organization or school to purchase items from their wish list! Bring your monetary donations to contribute--- it’s not about how much, it’s about the act of giving!

NEW THIS YEAR! If you have an organization you’d like to see us adopt please work with your state contact and submit your idea. The organization must have a representative come to camp to collect the items and speak to the delegation.

Submit requests here due January 14: https://uky.az1.qualtrics.com/jfe/form/SV_etfB8UCYA6xN2WW

PRIDE OF THE STATES

1 HOUR TIMEFRAME

Show off the awesome events, activities, projects, and experiences happening in your state! Sign-up to bring a display to show off your hard work and maybe someone will get a new idea to take home! There will be prizes for those who participate! Sign-up here by January 14th:

https://uky.az1.qualtrics.com/jfe/form/SV_cDaXV2TfKj0McAe

TALENT SHOW

1 HOUR TIMEFRAME

We are excited to announce that SRTLTC will be hosting a talent show this year! Acts will be performed during certain times of each day. If you are interested in participating, please complete this survey by January 14th to participate: <https://tinyurl.com/SRTLCTALENTFORM>

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T-SHIRT EXCHANGE

Collect t-shirts from other states! Bring up to three t-shirts to exchange! You will turn these in at registration to get a ticket to redeem! Bring t-shirt sizes you'd like to receive!

DANCE

There will be a dance on Friday night and Saturday night. Friday night's theme will be "College Pride" and Saturday's theme will be "Glow." You may appropriately dress up for each night's theme (university t-shirts/hats, glow sticks/ neon, etc.). We are excited to see your spirit!

SWAP MEET

Bring small items that represent your state to the first-ever SRTLTC Swap Meet! No food allowed! Think pencils, pins, sticker, small toys that all might represent your state! Make sure your state is represented through the items you bring. We suggest you bring 20-30 items to swap with others!

4-H 4K

More information to follow, but we will encourage attendees to complete the 4K at home before arriving to SRTLTC and log their information. We will hold the awards ceremony at SRTLTC!

