



University of Kentucky
College of Agriculture,
Food and Environment
Cooperative Extension Service



November 2022

CARTER COUNTY 4-H

4-H Monthly Newsletter to keep you informed



Club and Projects

Important Dates

County News

CLUB AND PROJECTS

Email rebecca.hayes@uky.edu

Cloverbuds:

Will meet on November 14th at 4:30 pm!
They will meet on the second Monday of each month at the Extension Office.

Teen Council:

Will meet on November 15th at 4:30 pm!
They will meet on the Third Tuesday of each month at the Extension Office. This is open to youth in grades 6-12.

Homeschool:

Will meet on November 15th at 11:00 am!
They will meet on the Third Tuesday of each month at the Extension Office.

Lego Robotics:

Will meet on November 8th at 5:00 pm!
They will meet on the Second Tuesday of each month at the Extension Office.

Heritage School Club:

First Tuesday of each month at school.
November 15th is the next meeting!

Tygart Creek School Club:

The first meeting will be on November 9th from 3:30pm-4:30pm at school.

The Extension Office will be closed in observance of the Thanksgiving Holiday on November 24th and 25th.



@CarterCountyKY4H



@cartercounty4h

Rebecca Hayes



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

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. University of Kentucky, Kentucky State University, U.S. Department of Agriculture, and Kentucky Counties, Cooperating.
LEXINGTON, KY 40546



Disabilities accommodated with prior notification.



CONGRATULATIONS

Win With Wood Results

On October 4th, Nevaeh Kouns, Kylie Kouns, Addie Flaughter, Glory Wills, Josiah Wills, Joseph Wills, Jonah Wills, and James Wills competed in the state Win With Wood competition in Jackson, Ky. Everyone received at least one blue ribbon!

In the junior division: Joseph Wills placed 2nd overall and Addie Flaughter placed 3rd overall.

In the senior division: James Wills placed 1st overall and won a \$500 college scholarship, and Nevaeh Kouns placed 2nd overall.

Special thanks to retired Kentucky Forester, Floyd Willis, for teaching our students and helping them prepare for the competition!





CONGRATULATIONS

Forestry Field Day Results

On October 20th, Nevaeh Kouns, Kylie Kouns, Isaiah Kouns, Solomon Kouns, James Wills, Glory Wills, Josiah Will, Jonah Wills, Joseph Wills, Kallie Cooke, and Addie Flaughter participated in the Forestry Field Day at Carter Caves State Resort Park. They learned about compass and pacing, tree ID, and tree measurement. After learning these skills, they then competed against others in their age group in those three categories.





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Save the Date

4-H Summer Camp 2023

August 1st - August 4th



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Make and Take

Workshops

Charcuterie Boards-October 24, 5:00pm

Cookie Decorating-November 21, 5:00pm

Fresh Winter Centerpieces and Bows-December
14, Noon

Basic Quilting- January 27, 9am-3pm

Edible Arrangements- February 9, 5pm

Embroidery- March 23 11am & 5pm

Tie Dye- April 6, 1:00

Mother 's Day Floral Arrangements-May 11, Noon

Workshops are offered at the Carter County Extension Education Center for all ages. Pre- Registration is required, and cost of supplies will vary. Collaboration between ANR, 4-H, and FCS Extension. Schedule is subject to change.

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You're invited

Wednesday, December 21, 2022, Dr. Laura Stephenson, Associate Dean and Extension Director will be visiting our campus. We would like to extend an invitation to our clientele, community partners, city and county officials and community leaders to please join us in welcoming Dr. Stephenson to Carter County.

Our District Board will be meeting at 9:00 that morning. That meeting will be followed by an open "Meet & Greet" Brunch from 10:00-11:00am in our Educational Building.

We hope you can join us.

Thank you so much,
Carter County Cooperative Extension





Green Beans with Feta Cheese and Dill

2 pounds fresh green beans, trimmed
¼ cup low fat Italian dressing
¼ cup traditional Feta cheese

¼ cup chopped red onion
¼ cup chopped fresh dill
¼ cup almonds
1 teaspoon lemon juice

Steam green beans in a small amount of water for 5 minutes or until tender.

Rinse with cold water. Drain.

Place the cooked green beans in a large bowl and add the remaining ingredients.

Toss to coat.

Serve immediately or chill to serve later.

Yield: 10, 1 cup servings

Nutrition Analysis: 100 calories, 4 g fat, 170 mg sodium, 10 g carbohydrates, 3 g protein, 3 g fiber.

Buying Kentucky Proud is easy. Look for the label at your grocery store, farmers' market, or roadside stand.



Kentucky Green Beans

SEASON: June to September

NUTRITION FACTS: One-half cup of unseasoned green beans has 15 calories, is low in fat and sodium, and provides fiber, vitamin A, and potassium.

SELECTION: Choose slender, firm, smooth, crisp beans with slightly velvet-like pods and a bright color. Beans should be free of blemishes and have small seeds.

STORAGE: Beans should be stored unwashed in plastic bags in the refrigerator crisper for 3 to 5 days. Wash just before preparation.

PREPARATION: Wash and remove stems and strings. Cook by steaming in a small amount of water, until tender-crisp, about 5 to 8 minutes. They can be cooked directly in soups or stews. Green beans go well with seasonings such as chives, dill, marjoram, mint, oregano, thyme, lemon, mustard, or onion.

GREEN BEANS

Kentucky Proud Project

County Extension Agents for Family and Consumer Sciences

University of Kentucky, Nutrition and Food Science students, fall 2009

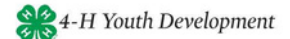
June 2010

Educational programs of Kentucky Cooperative Extension serve all people regardless of race, color, age, sex, religion, disability, or national origin. For more information, contact your county's Extension agent for Family and Consumer Sciences or visit www.ca.uky.edu/fcs.

COOPERATIVE
EXTENSION
SERVICE



Source: www.fruitsandveggiesmatter.gov



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

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.

Form Updated: August 2022

Name: _____ County/Area: _____
 Preferred Name: _____ School Name: _____
 Address: _____ Birth Date: _____ Age: _____
 City: _____ State: _____ Zip: _____ Grade: _____
 Phone: _____ Email: _____
 Gender: Female Male
 Residence: Farm Town < 10,000 or Rural Non-Farm Town/City/Suburb 10,000-50,000 City/Suburb >50,000 City– Central >50,000
 Race (please choose more than one if applicable): American Indian Asian Black Hispanic Non-Hispanic Native Hawaiian or Pacific Islander White Prefer Not to Say Not Listed: _____ T-Shirt Size: _____

Parent/Guardian 1: _____ Phone number: _____
 Email: _____
 Parent/Guardian 2: _____ Phone number: _____
 Email: _____

Emergency Contact #1: _____ Phone H W C: _____
 Email: _____
 Emergency Contact #2: _____ Phone H W C: _____
 Email: _____

Is any member of your family a current or former member of the United States Military or National Guard? Yes No

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"/> |
| 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) Serious Allergy to Nuts..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 12) Serious Allergy to Gluten..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 13) Serious Allergy to Dairy..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 14) Wear Glasses/Contacts..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 15) Other Conditions..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 16) Drug Allergy (please explain) | <input type="checkbox"/> | <input type="checkbox"/> |
| 17) Food Allergy (please explain) | <input type="checkbox"/> | <input type="checkbox"/> |
| 18) Other Allergy (please explain) | <input type="checkbox"/> | <input type="checkbox"/> |

Please explain any "yes" responses:

Please explain any restrictions (dietary, physical, etc):

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

- Antihistamine Pill Antacid Ibuprofen (Advil) Hydrocortisone Cream
 Acetaminophen (Tylenol) Decongestant Dramamine Polysporin (topical antibiotic)

List any conditions requiring medication: _____

Name of Family Doctor: _____ Doctor's Phone: _____
 Health Insurance Company: _____ Policy #: _____
 Name of Policy Holder/Relationship to Participant: _____ Member ID: _____

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/GUARDIAN: _____ 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 /GUARDIAN: _____ 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 attire. 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, vape juice and/or devices, and/or drugs (except for medications prescribed to the participant by a licensed physician) are prohibited. Delegation chaperones and/or volunteers shall limit use of tobacco products to designated areas.
- Possession of firearms not for educational use is prohibited.
- Setting off 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.
- 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, 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 they 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 _____

**Permission to Participate in 4-H
September 1, 2022 to August 31, 2023**



I give permission for my child, _____, to attend and participate in the following Carter County 4-H activities, during the 4-H program year September 1, 2022 through August 31, 2023: (Please initial all that apply.)

- | | | |
|---|------------------------------------|-----------------------|
| _____ Avian Bowl & Poultry Judging | _____ Cloverbuds | _____ Horse Club |
| _____ Land Judging | _____ Lawn Mower & Tractor Driving | _____ LEGO Wizards |
| _____ Middle School Club | _____ NRESci Academy | _____ Shooting Sports |
| _____ Sonshine Homeschool Club | _____ Teen Council | |
| _____ Win With Wood & Forestry Competitions | _____ Youth Livestock Club | |
- _____ Other – please list: _____

I understand that activities may include, but are not strictly limited to the following activities: 4-H club meetings, hands-on learning activities, field trips, etc.

Participation in the club is designed to expose 4-H members to new skills and experiences and to enable participants to be challenged to try new ideas and activities in a safe, nurturing environment. Club involvement will lead to contact with individuals, both youth and adults, who have differing levels of experience. I understand that participating in the club is strictly voluntary but members are expected to attend club meetings and complete at least six (6) hours of instruction.

I am aware and have discussed with my child that:

- During 4-H meetings and activities, he/she is to accept supervision and guidance from Extension volunteers and personnel.
- Working on a 4-H project in an unsafe manner or unstructured environment may result in injury to him/herself and others in the club.
- Other participants may act in a negligent manner which otherwise may result in harm to my child or my child's animal/property.
- While being transported to 4-H activities or field trips, my child may be involved in a collision with another automobile, person, or object which may result in harm to my child. Use of a seat belt is required.
- Swimming may result in accidental drowning;
- Certain activities may involve use of objects, equipment, tools, devices, or compounds that can result in harm to my child, if they are used by my child or another individual in a manner other than that which was intended.
- Certain risks associated with common activities can occur, including, but not limited to contact with food or environmental allergens or poisonous compounds.
- Certain risks associated with outdoor activities can occur, including, but not limited to contact with poisonous plants, stinging insects, wild animals or reptiles.
- Use of technology (including social media) can lead to dangerous situations. Technology is to be used only in a safe and appropriate manner.
- Working with animals in an unsafe manner or unstructured environment may result in injury to the individual or the animal.
- Being in contact with livestock may give rise to injury.

I recognize that the above outlined activities and potential resulting risks may cause harm, accident, loss, injury or death to participants or other persons in the immediate vicinity. I have discussed with my child the importance of following directions and prescribed safety procedures, which will be outlined by the 4-H volunteers and professionals prior to and during the activities. I have also advised my child to follow posted directions and instructions at and during 4-H meetings, activities, and events.

I understand that my child is not required to participate in competitive activities in order to participate in the club but grant permission for him/her to do so, and to participate in all club activities and learning opportunities despite the possible risks.

I recognize that by participating in this activity, as with any physical activity, my child may risk potential injury. I hereby attest and verify that I have been advised of the potential risks, that I have full knowledge of the risks involved in this activity and that I assume any expenses that may be incurred in the event of a loss, an accident, illness or other incapacity, regardless of whether I have authorized such expenses.

I hereby grant permission to the Carter County Cooperative Extension Service (including staff and volunteers) to provide transportation for the above 4-H member to attend 4-H sponsored activities. No to Transportation Permission
Check box above if transportation permission is denied.

4-H Member's Signature Date

Parent/Guardian's Signature Date

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Liability Shield 8/19



Disabilities accommodated with prior notification.

Name _____

My parent would be interested in helping with 4-H.
Parent Name _____

Have you been in 4-H before? _____ Yes _____ No

4-H Projects

--Please check **one** project to complete this year.

*Livestock club members should check all the animals they plan to show at the County Fair.

*Permission from the 4-H leader or 4-H agent is required to complete more than one project.

--The first project book is free. Replacement books cost \$4.50.

--Please make sure to discuss your project with your parent. Projects can not be changed after books have been received.

-- 4-H projects are designed so that the member builds upon what was learned previously. Therefore, if this is your first year in a project, Year 1 should be checked. For a list of project guidelines visit the 4-H website at <http://carter.ca.uky.edu/4-H%20Contest%20Information>.

-- * Denotes a project that can be taken to the state fair, if the county class is won.

Clover Bud Members
(Ages 5-8) Only
Clover Buds may only choose from the following projects:

- _____ Aerospace
- _____ Cooking
- _____ Crafts
- _____ Gardening
- _____ Goat
- _____ Insects
- _____ Lamb
- _____ Pets
- _____ Poultry
- _____ Rabbit
- _____ Sewing
- _____ Woodworking

Aerospace

_____ Year 1
_____ Year 2
_____ Year 3

*Arts

_____ Painting
_____ Printing
_____ Graphic Design
_____ Drawing
_____ Fiber Arts
_____ Sculpting
_____ Heritage Crafts

Babysitting

Beekeeping

_____ Year 1
_____ Year 2
_____ Year 3

*Beef

_____ Year 1
_____ Year 2
_____ Year 3
_____ Year 4 or More

Bicycle Safety

Career Exploration

_____ Elementary Level
_____ Middle Level
_____ High Level

Cat

_____ Year 1
_____ Year 2
_____ Year 3

Citizenship

_____ Me, My Family, & My Friends
_____ My Neighborhood
_____ My Clubs & Groups
_____ My Community
_____ My Heritage
_____ My Government
_____ My World

*Cooking

_____ Year 1 (Star Chef)
_____ Year 2 (Six Easy Bites)
_____ Year 3 (Tasty Tidbits)
_____ Year 4 (You're the Chef)
_____ Year 5 (Foodworks)
_____ Year 6 (Outdoor Meals)
_____ Year 7 (Teens Entertain)
_____ Year 8 (International)
_____ Year 9 (Kneads Dough)

*Crochet

_____ Year 1
_____ Year 2
_____ Year 3
_____ Year 4

*Dogs

_____ Year 1
_____ Year 2
_____ Year 3

*Electricity

_____ Year 1
_____ Year 2
_____ Year 3
_____ Year 4

*Embroidery

_____ Year 1
_____ Year 2
_____ Year 3
_____ Year 4

*Entomology (Insect Collecting)

_____ Year 1
_____ Year 2
_____ Year 3
_____ Year 4
_____ Year 5

Exploring 4-H

_____ 4th Grade Only

Fashion Magic

_____ Year 1
_____ Year 2
_____ Year 3

Fishing

_____ Year 1
_____ Year 2
_____ Year 3

*Forestry (Leaf Collections)

_____ Year 1
_____ Year 2
_____ Year 3
_____ Year 4

*Geology (Rock Collections)

_____ Year 1
_____ Year 2
_____ Year 3
_____ Year 4
_____ Year 5

*Goat

_____ Year 1 (Not including Cloverbud years)
_____ Year 2
_____ Year 3
_____ Year 4 or More

Health

_____ Get Moving KY
_____ First Aid

*Home Environment

_____ Year 1 (Exploring Your Home)
_____ Year 2 (Living with Others)
_____ Year 3 (Where I Live)
_____ Year 4 (In My Home)

*Horse

_____ Year 1
_____ Year 2
_____ Year 3
_____ Year 4

*Horticulture (Gardening)

_____ Environmental & Experimental Horticulture
_____ Vegetable Gardening
_____ Terrariums
_____ Dish Gardens
_____ Windowsill Garden
_____ House Plants & Hanging Baskets
_____ Starting Seeds
_____ Spring Bulbs
_____ Herb Container Garden

*Knitting

_____ Year 1
_____ Year 2
_____ Year 3
_____ Year 4

*Lacework/Tatting

_____ Year 1
_____ Year 2
_____ Year 3
_____ Year 4

*Lamb

_____ Year 1 (Not including Cloverbud years)
_____ Year 2
_____ Year 3
_____ Year 4 or More

Natural Resources

_____ Year 1
_____ Year 2
_____ Year 3

Needlepoint

_____ Year 1
_____ Year 2
_____ Year 3

Pets

_____ Year 1
_____ Year 2
_____ Year 3

*Photography

_____ Year 1
_____ Year 2
_____ Year 3
_____ Year 4
_____ Year 5
_____ Year 6

Poultry

_____ Year 1 (Not including Cloverbud years)
_____ Year 2
_____ Year 3
_____ Year 4 or More

*Quilting

_____ Year 1
_____ Year 2
_____ Year 3
_____ Year 4

*Rabbit

_____ Year 1 (Not including Cloverbud years)
_____ Year 2
_____ Year 3
_____ Year 4 or More

*Sewing

_____ Year 1
_____ Year 2
_____ Year 3
_____ Year 4
_____ Year 5
_____ Year 6
_____ Year 7
_____ Year 8
_____ Year 9

Small Engines

_____ Year 1
_____ Year 2
_____ Year 3

*Swine

_____ Year 1 (Not including Cloverbud years)
_____ Year 2
_____ Year 3
_____ Year 4 or More

Tractor

_____ Year 1
_____ Year 2

*Woodworking

_____ Year 1
_____ Year 2
_____ Year 3
_____ Year 4
_____ Year 5 or More