



Cooperative Extension's
Youth Development Program

4-H Sewing Classes

Youth ages 9-18!



Sewing for the first time?

Already know the basics?

*Come join us in class! Have a great time
sewing and gain valuable knowledge!*

- * **When:** Classes will be held in September and November. Classes begin the first week of the month and are a four week series meeting weekly on Thursday afternoons with the choice of two different times.

Session 1: 1:00-3:00

Session 2: 3:30-5:30

*November class will end Thursday, December 7 to adjust for Thanksgiving.

- * **Where:** Held at the NC Cooperative Extension, Henderson County Center.
100 Jackson Park Road, Hendersonville, NC 28792

- * **Registration:** \$25 per class (pattern, sewing kit, machines, and adult teachers provided).

November Class:

Sewing projects will be from provided patterns.

Examples of patterns: fleece hats, table runner, pillow, Christmas stocking

For questions about classes, registration, and other 4-H programs contact Hannah Worrell.

Email: hlworrel@ncsu.edu or phone: (828) 697-4891



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Sewing Registration Form

4-H Age (as of January 1, 2019) _____

Circle Class Month: **November** Session: **1:00-3:00 3:30-5:30**

Name of Youth: _____ Birth Date: ____/____/____

School: _____ Grade: _____ Gender: _____

Parent/Guardian Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone number: _____

Emergency Contact Number: _____

Is your child allergic to any food or medicines? Please describe: _____

Does your child have any special needs the staff should be aware of? Please describe: _____

My son/daughter has permission to participate in the 4-H activities checked below. In case of a medical emergency, I understand that every effort will be made to contact me. In the event I cannot be reached, I hereby give permission to the Physician selected by Extension personnel to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child as named above.

If you are a person with a disability and need accommodations to participate in this activity please call (828)-697-4891 at least 3 days prior to the event. The business hours are 8:30 a.m. - 5:00 pm (Monday-Friday).

I authorize Cooperative Extension to use my child's image in newspaper articles, brochures, social media, and any other marketing efforts to promote the 4-H Youth Development Program.

Parent/Guardian Signature: _____ Date: _____

Please describe youth's past sewing experience: _____

Class Drop Policy:

If a student drops out of a class, and there is less than one full week (7 days) before the class begins, no refund will be given.



For Office use:

Amt paid: _____

Cash paid: _____

Check #: _____