

**2014 North Central Sectional  
SKILLS DAY  
LIFE SKILLS-A-THON STATIONS**

**Application**

**Applications must be RECEIVED by Sept.1, 2014**

**Submit to:** *Skills Day advisor - Lorita Sutton 760 Carolina St., Woodbridge, Ca 95258*

To reach Lorita for further clarification on the application/job you may contact her by e-mail: [loritas@sbcglobal.net](mailto:loritas@sbcglobal.net)  
phone: (209) 369-3456 or Adult Co-Chairs: Molly Watkins by email [MolluandKenny@verizon.net](mailto:MolluandKenny@verizon.net) phone (209)887-3384 or Sandi O'Brien by email [sandiobrien@velociter.net](mailto:sandiobrien@velociter.net) phone (209) 204-9104 YOUTH Co-Chairs: Elisabeth Watkins by email [MolluandKenny@verizon.net](mailto:MolluandKenny@verizon.net) & Jenna O'Brien by email at [jennakobrien@gmail.com](mailto:jennakobrien@gmail.com)

**Purpose of the Application:** To organize the Life Skill Stations. To make sure I have the best description for the registration & program. Each Life Skills Station will need to be at least 10 minutes and the most 15 minutes long. Plan on repeat it at least once during the 30 minute during a Life skill session time slot.

**Questions I would like answered! Adult/ Youth partnerships: Yes or No or teams or Project Leaders putting on Life Skills-a-thon Stations Yes or No**

Are you doing this Life Skill Station by yourself or as a team? \_\_\_\_\_

**Cooperative Extension agent if so what county** \_\_\_\_\_

**4-H member putting on Life Skill-a-thon Station-** If 4-H youth – age \_\_\_\_\_

**Name:** \_\_\_\_\_

Parent or Project Leader in 4-H putting on Life Skill Station \_\_\_\_\_

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Daytime Phone:** \_\_\_\_\_ **Evening Phone:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**County:** \_\_\_\_\_

What Life Skill Station do you want to put on? Name of it : \_\_\_\_\_

Description of it:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you want to Limit the number of people presented too? **IF SO WHAT IS YOUR LIMIT:** \_\_\_\_\_

Are you willing to put it on more than once? \_\_\_\_\_ Session time you prefer \_\_\_\_\_

Supplies needed for Life Skill Station: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_