

MERIDIAN FFA CHAPTER
STATE CONTEST SCHEDULE OF EVENTS

ITINERARY

TO: MEMBERS ATTENDING THE STATE FFA JUDGING CONTESTS

FROM: MR. BLATTNER, MR. WILDER, MR SCHUMAKER, MR STEVENSON, MR VANLEUVEN,
AND MRS STOKES

SUBJECT: 2010 FFA STATE JUDGING CONTESTS, JUNE 7-11 AT MOSCOW, ID

MONDAY, JUNE 7, 2010

LEAVE MERIDIAN HIGH SCHOOL FOR WALLOWA8:00AM
ARRIVE AT WALLOWA 1:00PM PST
PICNIC WITH DISTRICT..... 4:00PM

TUESDAY, JUNE 8, 2010

DEPART FOR MOSCOW8:00AM
REGISTRATION 1-5 PM.
COLLEGE OF AGRICULTURE'S WELCOME
TO CAMPUS AND GOOD LUCK IN THE
EVENTS BARBEQUE.....5:30-6:30 PM
WELCOME TO UNIVERSITY OF IDAHO
(SUB BALLROOM)6:30-7:00 PM
GROUP PICTURE (HARTHUNG THEATER LAWN)..... 7:00 PM
PARTICIPANT MEETING (SUB BALLROOM) 7:15PM
ADVISOR MEETING - BORAH THEATER..... 7:15PM

WEDNESDAY, JUNE 9, 2010

LIVESTOCK EVENT 8:30 AM
FORESTRY EVENT 11:00 AM
(BUSES LOAD AND DEPART FROM LIVESTOCK PAVILLION).
FOOD SCIENCE & TECHNOLOGY CDE 12:30 PM
AG. MECHANICS GROUP 1 12:35 PM
AG. MECHANICS GROUP 2 2:25 PM
AGROMONY CDE GROUP 1 6:45 PM
AGROMONY CDE GROUP 2 (IF NEEDED)..... 8:00 PM

THURSDAY, JUNE 10, 2010

DAIRY CATTLE EVENT..... 8:30 AM
DAIRY FOODS EVENT GROUP 1 12:30 PM
DAIRY FOODS EVENT GROUP 2 1:30 PM
ENVIROMENTAL & NATURAL RESOURCES CDE 2:00PM
MEATS EVENTS GROUP 1 5:00 PM
MEATS EVENT GROUP 2 (IF NEEDED)..... 6:00 PM
FFA DANCE 7:00-10:00PM

FRIDAY JUNE 11, 2010

AWARDS ASSEMBLY
STUDENT UNION BALLROOM..... 8:00 AM

DEPARTMENT/OFFICE	TELEPHONE NUMBER	OPERATING HOURS
Agricultural & Extension Education	(208) 885-6358	7:30am- 5 p.m.
Housing	(208) 885-6571	24 hours a day
Moscow Police	(208) 882-5551	24 hours a day
UI Campus police	(208) 885-7074	24 hours a day
Gritman Medical Center	(208) 882-4511	24 hours a day
Conference and Events	(208) 885-6662	7:00 a.m.- 5 p.m.

STATE JUDGING CONTESTS

RULES OF CONDUCT

GENERAL INFORMATION

IF YOU NEED TO CONTACT YOUR SON/DAUGHTER, YOU MAY CONTACT THE **STATE POLICE** IN THAT PARTICULAR AREA AND THEY WILL CONTACT US. FOR A DESCRIPTION OF THE SCHOOL BUS AND ALSO THE LICENSE PLATE NUMBER CONTACT THE **MERIDIAN SCHOOL TRANSPORTATION DEPARTMENT AT 888-7910**. WHILE WE ARE IN MOSCOW AT THE UNIVERSITY OF IDAHO YOU MAY CONTACT DR. LOU RIESENBERG, **DEPARTMENT OF AGRICULTURAL AND EXTENSION EDUCATION AT 885-6358** (7:30 A.M. TO 5:00 P.M.) OR THE **U OF I CAMPUS POLICE AT 885-7074** AT ANY OTHER TIME OF DAY. WE WILL BE STAYING AT THE MATTERHORN SWISS VILLAGE IN WALLOWA LAKE, ST. JOSEPH OREGON, ON MONDAY NIGHT. **THE PHONE NUMBER THERE IS 503-432-4071.**

COST OF THE TRIP

EACH MEMBER ATTENDING MUST HAVE PAID IN **ADVANCE \$75.00** WHICH INCLUDES SEVEN MEALS, ROOM, AND REGISTRATION FEES WHILE AT THE UNIVERSITY OF IDAHO. IN ADDITION TO THIS EACH MEMBER SHOULD BRING MONEY FOR ONE MEAL ON MONDAY, THREE MEALS ON TUESDAY, AND TWO MEALS ON FRIDAY WHILE TRAVELING TO AND FROM MOSCOW. EACH MEMBER SHOULD ALSO HAVE A LITTLE EXTRA MONEY FOR SWIMMING, BOWLING AND RECREATION ETC.

WHAT TO BRING

MEMBERS WILL NEED TO BRING A **SLEEPING BAG, FFA JACKET, SHIRT, TIE OR BLOUSE AND SCARF, AND SEVERAL CHANGES OF CLOTHING**. BRING A SWIMMING SUIT. BRING A WARM JACKET AND YOUR OWN TOWELS. YOU MAY ALSO CONSIDER BRINGING A RAIN COAT. YOU MAY WISH TO BRING A SOFTBALL MIT FOR THE ANNUAL KUNA-MERIDIAN-MELBA-NAMPA GAME AT WALLOWA LAKE.

NOTE!!!!

IF A CHAPTER TEAM WINS FIRST PLACE ON ANY OF THE CONTESTS, THOSE TEAM MEMBERS WILL REPRESENT THE STATE OF IDAHO AT THE NATIONAL FFA JUDGING CONTESTS IN LOUVILLE, KENTUCKY NEXT NOVEMBER.

SPECIAL RULES

TO MAKE THE TRIP ENJOYABLE FOR EVERYONE AND TO DO WELL IN THE CONTESTS, THE FOLLOWING WILL NOT BE TOLERATED!!!!

1. DRUG USE OF ANY KIND OR AT ANY TIME AFTER LEAVING MERIDIAN.
2. STEALING! THIS MEANS NOTHING. SMALL THINGS LEAD TO LARGER THINGS.

PARENTAL CONSENT FORM

MERIDIAN FFA CHAPTER

STATE CONTESTS, 2010

HOUSING:

WALLACE COMPLEX, UNIVERSITY OF IDAHO CAMPUS, MOSCOW, ID 83843

PHONE CONTACT:

208-885-6358

THIS FORM MUST BE SIGNED AND RETURNED TO THE ADVISORS BEFORE YOU
LOAD ON THE BUS MONDAY MORNING. ALSO, PLEASE COMPLETE THE
ATTACHED PAGE AND BRING WITH THIS FORM ON OR BEFORE MONDAY JUNE
3RD.

MY SON/DAUGHTER _____ HAS READ THE RULES AND AGREES TO
COMPLY WITH THEM. IF THE ADVISORS HAVE ANY PROBLEMS WITH THEM ,
THEY MAY CALL COLLECT AND I WILL BE RESPONSIBLE FOR THEM TO RETURN
BACK TO MERIDIAN.

PARENT SIGNATURE _____

HOME PHONE _____

WORK PHONE _____

(PLEASE SIGN THE ATTACHED FORM FOR MEDICAL CONSENT AND INSURANCE)

**Agreement to Participate
University of Idaho**

State Career Development Events

I understand the potential dangers and risks of participating in the State Career Development Events include, but are not limited to , death or serious injuries which may result in complete or partial paralysis or brain damage, or impairment to other aspects of my body, general health and well being.

In consideration of University of Idaho permitting me to associate myself with the State FFA Career Development Events, I hereby voluntarily assume all risks associated with participation and agree to discharge and release the State of Idaho, the Regents of the University of Idaho, their agents, servants and employees, from any and all liability, claims, causes of action or demands of any kind and nature whatsoever which may arise by or in connection with my participation in any actives related to the State FFA Career Development Events.

The terms hereof shall serve as a release and assumption of risk for my heirs, estate, executor, administrator, assignees and all members of my family.

I am in good health; there is no medical reason why I am not able to participate in this program.

I hereby consent to first aid, emergency medical care and if necessary, admission to an accredited hospital when necessary for executing such care, for treatment for injuries that I may sustain while participating in any activity associated with the State FFA Career Development Events.

I understand that it is my obligation to have health and accident insurance policy in effect while participating in this program or to otherwise be responsible for any and all medical expenses which may be incurred as a result of an accident while participating in the State FFA Career Development Events. I understand that American Income Life student accident insurance provides only limited protection while participating in university actives and does not cover the entire medical expenses of any injury.

My insurance company is: _____

Policy number: _____

Effective date of coverage: _____

I certify that I am 18 years of age or older:

(Participants who are not 18 years of age must strike the above line and obtain the signature of a parent or legal guardian below.)

Name of Participant

Signature of Participant

Date

For participants who are not 18 years of age or older:

I certify that I am the parent or legal guardian of the above named participant in the Idaho State FFA Career Development Events. I have read the above agreement, I assent to its terms and conditions, I acknowledge that my dependent has agreed to the terms and conditions, and I hereby give my consent to participation by my dependent in this program and to receive medical treatment as indicated if necessary. I further agree to hold harmless the State of Idaho, University of Idaho, and all other parties referenced above as specified above.

Name of Parent or Legal Guardian

Signature of Parent or legal Guardian

Date