

TAFCE, CENTRAL REGION RETREAT

May 18 – May 21, 2026

UT Southern, Pulaski, TN Information Sheet

What is Retreat? Retreat is a newer term to replace camp, which was held in a more rustic location in the past. It is a time to “retreat” from your daily responsibilities and stresses – no cooking, no cleaning, no laundry! It is a season to grow friendships, both new and old; a time to invest in yourself as you select classes, tours, craft/marketable skills, and educational classes. Retreat includes speakers to expand your knowledge and understanding regarding relevant topics, and entertainment to cultivate joy in your life. There are scheduled times for exercise, relaxation, and shopping at the “General Store” and at a “Silent Auction”.

Scholarships: The Mildred F. Clarke Scholarship is available for first timers (if you have never attended camp or retreat before), page 85-86. Star Scholarships are won at random at the previous in-person retreat, page 84.

Registration: Monday, May 18, registration time is **2:00-5:00 p.m.** for those spending an extra night at retreat. Tuesday, May 19 and Wednesday, May 20 registration is from **8 a.m. to 9:30 a.m.** There will be designated parking spots for unloading your car near the dormitory entrance. Look for the signs on campus for retreat dorms and registration! **Registration will be in Criswell Hall Lobby.**

What to bring: We are staying in a dorm room for two people with a community bathroom. Each person has her own bed. **Bed height is 30 inches and cannot be lowered. Suggest you bring a step stool, if needed.** Bring bed linens for an extra-long twin bed, a foam or pillow top mattress is recommended; pillow, blanket, towels, washcloth, soap/shampoo, toothpaste, toothbrush, deodorant, etc., a jacket/sweater, several changes of clothing (or layers) to accommodate the heat of summer and air-conditioned meeting rooms, good pair of closed toe walking shoes for safe walking to classrooms, umbrella, flashlight, and your phone or camera to capture the fun! Remember to bring the classroom supplies not provided by teachers. There are only six rooms on ground level. Be considerate of others before requesting the ground floor.

Apartment Request: {Must have four people per apartment (4 bedrooms in each apartment) Limited number of first floor rooms. Location requires transportation to all classes, dining, and group areas unless you can walk three blocks uphill.} Must have all roommates identified and listed on this form, do not have to be from same county but it is your responsibility to find your roommates prior to submitting.

Bingo: Bingo will be on Monday night in the cafeteria. Please bring items for bingo prizes.

Silent Auction: Each county is encouraged to bring one or more theme baskets or quality items to be auctioned. The value is to be at least \$20. Please bring items to the auction room during “open” hours. Proceeds from this auction are designated for the Mildred Clarke Scholarship Fund. The intent of this annual auction is to fund future scholarships.

General Store: In 2026 we will again offer a “Boutique” store for \$5 items and a “Bargain Basement” Store. **Participants are encouraged to donate only gently used:** books, games, decorations, craft supplies, garden items etc. in good working order and to shop for treasures! We are not accepting clothing this year. Please bring items to the general store during “open” hours. Proceeds from the General Store are used for the Star Scholarship. Five names will be chosen at random for Star Scholarships to be used the following year. All participants (full and day) are eligible, and winners need not be present to win.

TAFCE, Central Region Retreat
Individual Registration Form
University of Tennessee Southern - Pulaski, Tennessee
May 19-21, 2026 (May 18 extra night)

PLEASE TYPE OR PRINT CLEARLY

Extension Agent: Yes or No

Name: _____ County: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Email: **Required** (May use agent's) _____

Emergency Contact: _____ Relationship: _____ Phone: _____

Have you ever received the Martha Clarke Scholarship? Yes__ No ____ Is this your first-time attending retreat? Yes __No ____	TAFCE Member/ Agent	Non- Member	Amount to pay as applicable.
All-inclusive 3 days and 2 nights: Tues. lunch and dinner, Wed. 3 meals, Thurs. Breakfast	\$145	\$155	
Extra night lodging (Campus Only) Monday, May 19 (includes Tues. breakfast)	\$35	\$45	
Day commuter participant, Tues., May 20 (includes lunch and dinner)	\$35	\$45	
Day commuter participant, Wed., May 21 (includes lunch and dinner)	\$35	\$45	
Late Fee if postmarked after April 15	\$20	\$20	
I require first floor accommodations due to mobility limitations and difficulty climbing stairs. (Circle One) Yes or No			TOTAL

Any dietary restrictions: _____

Dorm Roommate Request: (Please list the name of your roommate) Two per room

Name: _____ County _____ (No additional charge)
(All first-floor room requests will be filled on a first come, first served basis.)

Apartment Request: {Must have four people per apartment (4 bedrooms in each apartment. Not recommended for anyone who requires first floor due to mobility limitations or difficulty climbing stairs. Location requires transportation to classes, dining, and group areas unless you can walk three blocks uphill.) Must have all roommates identified and listed on this form, do not have to be from the same county but it is your responsibility to find your roommates prior to submitting.

Name _____ County _____
 Name _____ County _____
 Name _____ County _____
 Name _____ County _____

Send this form and **completed Health Form **** to your county treasurer or contact person by county due date: _____

County Treasurers: Please send this form with the full and day commuter participant sheets and one check, plus additional check(s) for the MC scholarship winner or Star Scholarship winner in your county (if applicable) to: **Central Region Treasurer, Sandra Poston at 5247 Big Springs Road, Lebanon, TN 37090.**

Forms must be postmarked by April 15, 2026. Late fee assessed after April 15. No refunds are allowed; however, retreat registrations can be transferred. Please contact Region Treasurer, Sandra Poston to transfer your registration.

****Required- Every participant must complete an Adult Health Form (F-600) and Adult Activity Acceptance Form attached to this registration form.**

(Revised December 2023)

TAFCE, Central Region Retreat Instructor Form 2026 Marketable Skills and Learning Session Classes

Learning Session Class _____ Marketable Skills/Craft Class _____ Walk-In _____

Instructor Name _____ Phone (____) _____

Street Address _____

City _____ State _____ Zip _____ County _____

Email **REQUIRED:** (May use agent's) _____

Check one: Agent _____ FCE Member _____ Non-FCE Member _____

Craft Class to be taught _____ Cost: _____

Learning Session to be taught _____ FCL Class **Yes or No**

Alternate or co-teacher (**RECOMMENDED**): _____

Time needed to complete craft or session: Circle One **15-minute** 1 hr, 2 hr, 3 hr, 4 hr

(Note: Consider the time needed for completion if the attendee has never crafted)

Number of persons per class _____ Number of classes I will teach _____

Please check if class is for **BEGINNERS** **ADVANCED** **EITHER**

Can participants drop in to begin their project at any time during class? **Yes or No**

List all supplies the participant will need to bring to class (scissors, needles, pins, etc.)

Will you have "Take Home Kits" furnishing all supplies? **Yes No** Cost of Kit? _____

Check the day(s) and approximate time(s) you request to teach your class(es):

Tues., May 19 morning _____ afternoon _____ Night Owl _____

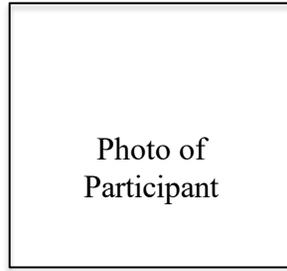
Wed., May 20 morning _____ afternoon _____

Please circle any of the following that you need for your craft or learning session:

tables – how many? chairs? electricity? water

faucet? other requirements?

A digital photo of the completed craft or educational session and a short class description in word Format is required via email. Please return this form no later than **February 15 to Kaycee Smith, 1331 Leo Bake Rd, Ashland City, TN 37015; email: kdcsmith@att.net; phone: 615-504-9956.**



Name _____

County _____

ADULT ACTIVITY AND EVENT ACCEPTANCE FORM**Volunteer or Paid Staff Member**

The purpose of this form is to give you an opportunity to provide information concerning your health in case of an emergency. You must complete sections I, II and IV. Section III is optional. If under age 18, you should complete Form 600-A.

I. IDENTIFICATIONName _____ Home Phone (____) _____
Last First MiddleDate of Birth _____ Sex Male FemaleHome Address _____
Street/P.O. Box City State ZIPEmergency Contact _____
NameAddress _____ Home Phone (____) _____
Street/P.O. Box City State ZIP

Relationship _____ Work Phone (____) _____

II. PUBLICITY RELEASE

As indicated by the signature below, I authorize the University of Tennessee, Tennessee State University, and the Tennessee 4-H Foundation to photograph, film, audio/video record and/or televise my image and voice, and biographical material, in whole or in part in any medium now known or developed in the future, without any restrictions.

Signature _____ Date _____

Date received in 4-H Center or county office _____

Name _____

County _____

III. HEALTH HISTORY AND MEDICAL RECORD

The information on this form will be provided to any health care providers in case of an emergency. This information will not be used to discriminate against a participant on the basis of any disability.

Name of Physician _____ Phone (____) _____

Medical/Hospital Insurance _____ Carrier _____ Policy of Group # _____

CHECK ALL THAT APPLY

Allergy to medicine, food, plant, or insect toxin. Explain _____

Is participant allergic to the following drugs: Penicillin Sulfa Drugs Tetracycline Aspirin

List allergies to other drugs or allergens _____

Any condition that may require special care, diet or restriction of activities for medical reasons. Explain _____

Asthma Heart Trouble Nosebleeds Diabetes Convulsions Fainting Spells

Do you wear? Dentures Contact Lens Other (Explain) _____

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

If yes, explain _____

Date of most recent examination _____

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

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

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

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

IV. EMERGENCY MEDICAL RELEASE

In consideration of my 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 illness or injury, I hereby authorize the University of Tennessee, Tennessee State University, and its representative(s) or agents(s) to secure any necessary treatment, including the administration of anesthetics and surgery. I further give permission to the University of Tennessee, Tennessee State University, and its representative(s) or agent(s) to provide this medical history form to health care personnel. I authorize my physician, health care provider or any hospital to provide reasonable and necessary medical treatment or supplies. Either the original permission or a photostatic copy thereof is valid as an authorization.

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

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

* Signed _____ Date _____
Volunteer or Paid Staff Member's Signature Month/Day/Year

*If for any reason you do not sign this, you must complete and sign Form 600-C.

F600B (Rev) 02/14

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

TAFCE, Central Region Retreat Class Registration

Please complete in entirety and print in INK

Name of Participant _____

Street Address _____

City, State, Zip Code _____

County _____ Phone _____

Email (Required)—May use agent's _____

Please fill it out carefully! Most class costs will include materials—check class descriptions. Select the classes you want to take. Check the class schedule for starting times (some classes are one, two, or more hours long). Make certain to list the correct day and time that you want to take the class. Your class schedule confirmations will be sent to your County FCS agent. Remember, early registration secures your preferred class!

Tuesday, May 19 full-time/day/commuter participants

Class # _____ Class Name _____ Cost \$ _____ Time _____

Class # _____ Class Name _____ Cost \$ _____ Time _____

Class # _____ Class Name _____ Cost \$ _____ Time _____

Class # _____ Class Name _____ Cost \$ _____ Time _____

Class # _____ Class Name _____ Cost \$ _____ Time _____

Night Owl: Class # _____ Class Name _____ Cost \$ _____

Wednesday, May 20 full-time/day/commuter participants

Class # _____ Class Name _____ Cost \$ _____ Time _____

Class # _____ Class Name _____ Cost \$ _____ Time _____

Class # _____ Class Name _____ Cost \$ _____ Time _____

Class # _____ Class Name _____ Cost \$ _____ Time _____

Class # _____ Class Name _____ Cost \$ _____ Time _____

I will attend Movie 7 PM – 9PM Yes No

Kit requests are for classes you want to take but cannot, due to time restraints, or if you want an extra one to take home. Not all teachers will offer kits, so make certain to check class descriptions before ordering. Take Home Kit Requests:

Class # _____ Class Name _____ Cost \$ _____

Class # _____ Class Name _____ Cost \$ _____

Class # _____ Class Name _____ Cost \$ _____

Return registration and check made payable to “TAFCE, Central Region” postmarked by **April 15, 2026**. All mailed payments must be by check, not cash. A \$20 late fee will be assessed if postmarked after April 15, 2026. If you have questions, contact Sarah Sharp.

Send registration form to **Sarah Sharp, 166 Speedwell Lane, Lebanon, TN 37087**

email- sarah.sharp08.ss@gmail.com

(Revised 12/2019)

GUIDELINES FOR STAR SCHOLARSHIP

1. Number of scholarships given will be no more than FIVE (5) per year with the money raised at retreat during the current year. Names will be drawn on the last day of retreat at our breakfast meeting. The recipients will receive registration cost only, which includes meals and on campus lodging at the **Annual Central Region Retreat**. Extra night lodging is NOT included in the scholarship.
2. The scholarship may be transferable within the county. Recipient will be responsible for scholarship disbursement.
3. If scholarship does transfer, recipient must notify the Region and County Treasurers and transfer the certificate to the new recipient.
4. The Star Scholarship must be used the following year after being awarded.
5. Any FCE member attending retreat is eligible to win this scholarship, whether they attend retreat full-time or one day only. There is no limit to the amount of times a participant may win this scholarship.
6. If a full-time participant does not use the scholarship, it may be divided equally for as many day participants as it can pay for, names are to be listed on the certificate turned in at registration.
7. This scholarship is **NOT** redeemable in cash.
8. Scholarship certificates are issued when you win and **MUST** be turned in the following year with your registration.
9. Scholarship winners, full-time, or day participant **MUST** submit a check with their retreat registration for the full amount of retreat. When they attend retreat, their check will be returned to them un-cashed. If a scholarship winner registers and fails to attend, the payment will be forfeited.

TAFCE, Central Region Mildred F. Clarke Scholarship Guidelines

The TAFCE, Central Region Executive Board offers a Mildred F. Clarke Retreat Scholarship to qualified recipients in each of the counties in the Central Region. The recipients will receive registration costs only, which includes meals and on campus lodging at the annual Central Region Retreat. Extra night lodging is NOT included in the scholarship.

The Scholarship recipients shall be chosen by their County Council, with advice from the Extension Family and Consumer Sciences Agent. Each applicant must meet all of the following requirements:

1. Must be an active TAFCE member.
2. Must never have attended a Central District Camp/Region Retreat as a full-time participant if applying for full-time scholarship, or never attended a one-day retreat if applying for a one-day scholarship.
3. Applicant must be willing to return to their county and share whatever information obtained at Retreat with other members in whatever way determined by their county council.

Should any county not have a qualified applicant for a full-time scholarship in any year, they may use their scholarship that year for two (2) one-day only scholarships. If a county has no qualified applicants for either scholarship, they will forfeit their scholarship for that year.

The applicant must complete the official application form for the scholarship. The form must be complete, including all required signatures, and in the possession of the County Treasurer before April 15 of that year. (All registrations, including the Mildred Clarke Scholarship application, will be postmarked no later than April 15 and mailed to the Region Treasurer.)

A check for the total amount of retreat fees must be attached to the application. This check will be held until the scholarship winner attends the retreat; at which time it will be returned to the scholarship winner. In the event that the scholarship winner does not attend the retreat, then the check will be deposited in the Central Region bank account to cover the expenses of the retreat; it is non-refundable.

TAFCE, Central Region
Mildred F. Clarke Retreat Scholarship Application
Form

Name _____ County _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Email _____

Local FCE Club _____ Years of FCE Membership _____

Leadership Positions Held:

Club _____

County _____

Region _____

State _____

Please state why you would like to receive this scholarship: _____

I am applying for: Full time scholarship _____ One-day scholarship _____
(Have you ever attended Leadership Camp or Retreat at District or Region level as a
full-time participant? _____ as a one-day commuter/participant? _____)

I have completed this application to the best of my ability and do promise that all information herein is true. If I receive this scholarship, I agree to abide by the requirements governing this scholarship (as explained in the guidelines.)

Signature: _____ Date: _____

This application should be filled out by the applicant and submitted to your county treasurer with your check and registration for retreat. Your county will determine your eligibility for the scholarship, and they will submit this form with your check and registration to the region. Your check will be returned when you attend retreat.

_____ County does hereby recommend this applicant
as the recipient of the Mildred F. Clarke Retreat Scholarship.

County Council President: _____ Date: _____

(Revised October 2021)