



4-H Clothing Event Report Form

Iowa State Fair

All Iowa State Fair Clothing Event participants are required to complete this form and the *Health Statement*. Turn in both to your county Extension office.

- Download and open this document in your word processing program and type into the outlined information boxes. **DO NOT** USE THE TAB KEY. Using your MOUSE, position the cursor within the boxes to start typing.
- IF the form does not seem to open correctly in your word processing program, you may download the Acrobat .pdf version, print out the form, and type or carefully print in your information. Or go to your local county Extension office for needed documents.
- USE ONLY THE SPACE GIVEN. DO NOT ADD LINES OR PAGES TO THIS FORM. Text must be readable, no smaller than 10 font size.

The judges will use 1) your responses as written here, 2) your presentation in the Fashion Show, and 3) the conference-judging interview (only 3-5 minutes) for your evaluation.

Please 'X' **CLOTHING SELECTION** **FASHION REVUE**

NOTE: FASHION REVUE ENTRIES MUST ATTACH FABRIC SAMPLE(S) ON PAGE 6.

Please 'X' Your Extension Area: **C** **NE** **NW** **SE** **SW**

County:

Name:

Address:
Street/RR,
City, State,
Zip

Birth date:

Grade, September:

Years in Clothing Project:

Years in 4-H:

**Attach ONE color photo of
yourself IN YOUR OUTFIT
to the TOP RIGHT of this page.
(Maximum photo size = 5"x7")**

Write a short paragraph that says what you want to hear about yourself and this outfit as you model on stage. (3 points) (Include your name and county, the features of your outfit that the audience can see from a distance, something about your personal experiences in 4-H and goals for the future.

I. PROJECT GOAL AND EVALUATION (5 points)

A. What was your goal for the Clothing Event?

B. How did you go about reaching your goal?

C. Did you reach your goal? Explain.

II. CHOOSING CLOTHING TO ENHANCE APPEARANCE AND INCREASE SELF CONFIDENCE (10 points)

A. How does this garment/outfit express your personality?

B. How is the color, fabric, style, or fit of this garment/outfit a good choice for your size, or your body shape?

C. Why do you think the fabric is a good choice for the garment design and features?

D. How does this garment/outfit show/reflect current fashion trends?

E. In what way did the design elements and principles found in this garment/outfit help you to choose this garment/outfit? (Identify one element and one principle.)

III. CHOOSING WITH A PURPOSE (9 points)

A. What occasions, purposes, or activities did you have in mind when you selected or constructed this garment/outfit?

B. Why do you think it is appropriate?

C. What functional characteristics (protection, movement, thermal, etc.) did you want in your garment/outfit and how does this garment/outfit match your intent?

D. How do the accessories you have chosen add to your overall appearance?

IV. CONSUMER SKILLS ACQUIRED (10 points)

A. Identify two construction features or details of this garment which show quality garment workmanship. Explain why you think so

	Well constructed details.	Why?
1.		
2.		

B. What is the fiber content of your garment or the parts of your outfit? **(Judged garments only.)**

Dress:

Skirt:

Pants:

Blouse:

Shirt:

Jacket/Coat/Sweater:

Other:

C. What kind of care is required for the garment/outfit selected?

Fashion Revue Participants Skip to page 5, E.

D. This section is for CLOTHING SELECTION PARTICIPANTS ONLY

1. Have you changed (altered/enhanced) or embellished this garment/outfit in any way since choosing/purchasing it? (X) Yes No If Yes, explain.

2. Did you or someone else make alterations to this garment for fit or function?

(X) Yes No If Yes, explain.

3. Who was with you when you selected/purchased this garment/outfit? In what ways did this person influence your decision?

E. This section is for FASHION REVUE PARTICIPANTS ONLY (Clothing Selection Participants skip to page 6, Section V.)

1. Which garment(s) in the outfit did you construct yourself?

2. Did you make any pattern adjustment for fit or style before you cut out this garment(s)?

(X) Yes No If Yes, explain.

3. Did you make any changes or embellishments in this outfit?

(X) Yes No If Yes, explain.

4. Who has been the most influential person in helping you sew? How have they helped you develop this interest?

5. Please attach samples of the fabric and linings you used in constructing your garment(s). **Give the fiber content for each fabric sample.**

Attach sample here.

Fiber content:

Attach sample here.

Fiber content:

Attach sample here.

Fiber content:

V. KEEPING TRACK OF YOUR COSTS (5 points) THIS SECTION IS FOR ALL PARTICIPANTS

A. How much did this garment/outfit cost? Figure below.

<u>Constructed Garment Costs</u>	<u>Purchased Garment Costs</u>	<u>Accessories' Costs</u>
Fabric(s) <input style="width: 100%;" type="text"/>	Jacket <input style="width: 100%;" type="text"/>	Shoes <input style="width: 100%;" type="text"/>
Pattern(s) <input style="width: 100%;" type="text"/>	Pants <input style="width: 100%;" type="text"/>	Hat/cap <input style="width: 100%;" type="text"/>
Thread(s) <input style="width: 100%;" type="text"/>	Skirt <input style="width: 100%;" type="text"/>	Socks <input style="width: 100%;" type="text"/>
Zipper(s) <input style="width: 100%;" type="text"/>	Dress <input style="width: 100%;" type="text"/>	Tie/Scarf <input style="width: 100%;" type="text"/>
Button(s) <input style="width: 100%;" type="text"/>	Shorts <input style="width: 100%;" type="text"/>	Bag <input style="width: 100%;" type="text"/>
Lining(s) <input style="width: 100%;" type="text"/>	Sweater <input style="width: 100%;" type="text"/>	Jewelry <input style="width: 100%;" type="text"/>
Interfacing(s) <input style="width: 100%;" type="text"/>	Shirt/top <input style="width: 100%;" type="text"/>	Gloves <input style="width: 100%;" type="text"/>
Trim(s) <input style="width: 100%;" type="text"/>	Blouse/top <input style="width: 100%;" type="text"/>	Other <input style="width: 100%;" type="text"/>
Other <input style="width: 100%;" type="text"/>	Other <input style="width: 100%;" type="text"/>	Other <input style="width: 100%;" type="text"/>
Total <input style="width: 100%;" type="text"/>	Total <input style="width: 100%;" type="text"/>	Total <input style="width: 100%;" type="text"/>

ADD **garment** and **accessory** costs to get: **TOTAL OUTFIT COST:**

B. How many times per year do you plan to wear this outfit?

C. Divide the cost of this outfit by the number of times you will wear it in a year to find the annual cost per wearing:

Outfit cost: Divided by times worn per year: = Cost per wearing:

D. Explain how this garment/outfit and the accessories you have chosen, mix with or enhance and expand your wardrobe?

E. Explain why the cost per wearing, care required, and wardrobe addition of this garment/outfit is reasonable in terms of your total clothing budget.

VI. ABOUT YOU (3 points)

The following questions are to help us learn a little more about you.

A. Which of your 4-H experiences has been the most beneficial to you and why?

B. What are your future education and/or career goals?



**Youth Health Statement
Iowa State Fair
Clothing Event Program**

County _____

Area _____

**Include this signed statement and submit with the Clothing Event Report Form
to your county Extension office.**

Must be received at the Iowa State Fair on Entry Day.

(or you may include a copy of the County 4-H Health Statement)

Name of Participant _____ Birth date _____ Gender _____

Home Address

_____ Street/RR _____ City _____ Zip+Four _____

In case of emergency, notify _____

Day phone _____ Evening phone _____

Address _____

_____ Street/RR _____ City _____ Zip+Four _____

Special Health Considerations:

1. Allergies, reactions to penicillin, aspirin, or other common drugs:

2. Current medications

3. Other

I understand the 4-H'ers will be supervised and if illness or injury develops, medical and/or hospital care will be given. I further understand that in case of a medical emergency I will be notified. In the event I cannot be reached, I hereby give permission to the attending physician to hospitalize, secure proper treatment for and to order injection, anesthesia, or surgery for my child, as named above.

Parent/Guardian Signature _____ **Date** _____