Manitowoc County Beekeeper's Association Share-a-Honey Bee Hive Program



Every two years, the Manitowoc County Beekeeper's Association promotes interest in honey bees in our county. One of the ways we encourage our young people in this aspect of agriculture is through our **Share-a Honey Bee Hive Program**. We will award a person who is an active member in either 4-H or FFA and between the ages of 12-18 years of age a chance to win a starter honey bee hive with honey bees and the basic equipment to start raising your own honey bees. This is everything that you would need to start to raise your own honey bees!

The winner will receive the following items: "honey bee hive boxes/frames, package of live honey bees, bee suit/veil, smoker, hand tool, three year membership to the Manitowoc Beekeeper's Association, and assistance of a mentor/mentors for approximately two years." Note that the items will not be limited to the previously listed items. The honey bee equipment provided will be used and possibly include some new equipment too. The winner will get hands-on training with bees the first year and then he/she will be provided with their own honey bees and hive the spring of the following year.

The requirement is for the winner to remain involved with raising bees in the first two years of the program. If the winner decides within the first two years that they no longer want to continue raising bees or can no longer keep the bees/hive then they are required to contact the Manitowoc County Beekeeper's Association to have the honey bee hive and equipment removed. The selection committee will meet and choose the winner. The winner will be determined by the results and quality of the Share-a Honey Bee Hive essay and the availability of a mentor within Manitowoc County. The winner will also need to be able to provide a honey bee approved location to place the hive, but the Manitowoc County Beekeeper's Association may be able to assist with this process.

The Essay, Application, and Liability forms are due by July 1st, 2022. The winner will be notified by July 15, 2022.

To contact the club please email Mtwcbeekeepers@gmail.com or rsalm@att.net

Manitowoc County Beekeeper's Association Share-a-Honey Bee Hive Program

Every two years the Manitowoc County Beekeeper's Association promotes the Beekeeping interest in Manitowoc County. One of the ways we encourage young people in the aspect of agriculture through our Share-a-Honey Bee Hive Program. We award one honey bee hive, honey bees, and equipment to one young person actively involved in either 4-H or FFA. The applicant is required to be between the ages of 12-18 years.

This is a competitive Manitowoc County wide contest. The youth applicant will write an essay of 100 words or more about why they would like to have a honey bee hive with honey bees, if they ever raised honey bees before, and what they love about honey bees. This is a very competitive contest and we want you to put a lot of effort into your essay. Spelling, grammar, and content count. The essay can include drawings, photo's, or anything special that you would like to include. Please keep a copy of your essay, because no essays will be returned. If you are the selected winner of the Share-a-Honey Bee Hive Program the essay will be shared amongst the Manitowoc County Beekeeper's Association members.

Rules:

- Youth must be between the ages of 12-18 by July 1st of the year entered.
- Entries are accepted March 1st until July 1st of this year.
- Entry form, liability form, and all required signatures and dates must accompany the essay.
- Youth must be an active member in 4-H and/or FFA in Manitowoc County to participate.
- Only one honey bee package (approximate cost of \$110.00) will be awarded the first year, however if the honey bees die or swarm, the winner will have to purchase more honey bees on their own. The winner will still be allowed to participate in the Manitowoc County Beekeeper's Association meetings with or without bees for the first three years.
- You are only allowed to win one time with this program.
- The winner is encouraged to show honey bee related projects at the fair.
- If within two years of receiving the honey bee hive, honey bees, and equipment that you find out that you are not able to continue or you are not able to keep the the honey bee hive and honey bees you will be required to contact the Manitowoc County Beekeeper's Association to have the honey bee hive, honey bees and equipment removed.

The selection committee will meet in early July to review the essays and select the winner. The winner will be notified by July 15th.

	******If you have any	v auestions	, email Rachel Salm at	rsalm@att.net	******
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Manitowoc County Beekeeper's Association Share-a-Bee Hive Application

Please attach this application form to your essay. Entries will be accepted from March 1st to July 1st. Please send your entry to: Rachel Salm 5633 Greendale Rd. Valders, Wisconsin 54245 or rsalm@att.net

Name:	Age:
Signature:	
Address:	
Phone number:	
Email:	
Parent/Guardian name (print):	
Parent/Guardian Signature:	
Parent/Guardian phone number:	
Parent/Guardian email address:	
*Club/Chapter:	
Club/Project Leader name (print):	
Club/Project Leader Signature:	
Club/Project Leader email address:	

Manitowoc County Beekeeper's Association Share-a-Bee Hive Liability Waiver

Please attach this Liability form to your essay. Entries will be accepted from March 1st to July 1st. Please send your entry to Rachel Salm 5633 Greendale Rd. Valders, Wisconsin 54245 or rsalm@att.net

Liability Waiver

By signing below you waive all liability with The Manitowoc County Beekeeper's Association and/or members if there was an event of an injury, medical incident, and/or death that occurs during the Share-a-Hive Program.

I swear that I am participating voluntarily, and that all risks have been made clear to me. Additionally, I do not have any conditions that will increase my likelihood of experiencing injuries while engaging in this activity. By signing below I forfeit all right to bring a suit against The Manitowoc County Beekeeper's Association or any member of this organization for any reason.

Name (printed):		
Signature:	date:	
Parent/Guardian name (printed):		
Parent/Guardian Signature:	date:	