

4-H CAMP REGISTRATION

Camp name Here _____

Date Here _____

Mail this form and \$[amount]/person, cash or check, payable to "4-H Development Fund" by [date] to :

Att. [Name, address, room #, town, state, ZIP] _____

[optional] Include a recent photo of each child

Name _____

Sex _____ Age _____ Birthdate _____

.....
Name _____

Sex _____ Age _____ Birthdate _____

.....
Name _____

Sex _____ Age _____ Birthdate _____

.....

Address (no. and street or box no.)

City _____ State _____ Zip _____

4-H Club _____

Home Phone _____

Emergency contact _____

Emergency phone # _____

E-mail _____

_____ # attending x \$XXX = _____

amount due



Notification Statements

We want your child's camping experience to be the best that it can be. Does your child have any special needs? If yes, please explain.

What additional support or modifications will your child need at camp for him or her to be safe and have a successful experience?
