



4-H'ers Name: _____

Address: _____
Street or PO Box City Zip

Home Phone: _____ Grade _____ Age _____

Cell Phone: _____

Email: _____

T-Shirt Size: YS ___ YM ___ YL ___
AS ___ AM ___ AL ___ AXL ___ A2XL ___ A3XL ___

Parent / Guardian Name: _____

Daytime Contact Phone Number(s): _____

Signature: _____

Date Registration Form Completed: _____

Can You Swim? _____ Yes _____ No

Any Food Restrictions? _____ Yes _____ No

If yes please list _____

Extension Office Use Only (Total Camp Fee: \$400.00)

March 7th (Deposit Due \$75 NON-REFUNDABLE) \$ _____ Date deposit made _____
April 11th (2nd Payment \$160) \$ _____ Date payment made _____
May 9th