

4-H CAMP REGISTRATION

Camp name Here _____

Date Here _____

Mail this form and \$[amount]/person, cash, credit, 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?

Method of Payment

Payment in full must accompany registration. Charge the fee I have indicated to my credit card:

E-mail address (to send copy of charge receipt)

Cardholder's name (please print exactly as it appears on card)

Cardholder's signature

Credit Card (indicate one) ___ VISA ___ MasterCard

Number: _____

Exp. Date (mo./yr.) _____

Credit card cannot be processed without signature and expiration date.