



# Camden County 4-H

## SENIOR CAMP REGISTRATION

### CAMP INFORMATION

DATES: JUNE 24-28, 2024

LOCATION: ROCK EAGLE 4-H CENTER

AGES: 9<sup>TH</sup>-12<sup>TH</sup> GRADERS

COST: \$405\*

PLEASE PRINT CLEARLY. *Info for parent/guardian 1 should also be main contact info and address for child.*

Child's Name: (First) \_\_\_\_\_ (Last) \_\_\_\_\_ Gender: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_\_\_ Current Grade: \_\_\_\_\_ School: \_\_\_\_\_

Student Shirt Size, please circle one: **YS**    **YM**    **YL**    **AS**    **AM**    **AL**    **AXL**    **AXXL**    **OTHER:** \_\_\_\_\_

Is child comfortable in/around water?: **YES** or **NO**

**So we can better serve your child at camp, please list ANY and ALL special needs, medical conditions, or accommodations/concerns for this child:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Parent/Guardian 1 Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Best Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_@\_\_\_\_\_

Parent/Guardian 2 Name: \_\_\_\_\_

Best Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_@\_\_\_\_\_

***\*By signing below, I acknowledge and fully understand that this application must be accompanied by a NON REFUNDABLE \$100 deposit and turned in IN PERSON at the 4-H office (1409 Georgia Avenue, Woodbine GA 31569). I understand that the remainder of the camp fees can be paid in installments, but my balance must be paid by May 1, 2024. If the balance is not paid by May 1, 2024, my child may lose their position.***

Parent Signature \_\_\_\_\_ Today's Date: \_\_\_\_\_

Office use only:

Date Received: \_\_\_\_\_ Received by: \_\_\_\_\_ Deposit Amt: \_\_\_\_\_ Ck# \_\_\_\_\_/CSH \_\_\_\_\_

\*In the event refund is necessary, please list NAME, ADDRESS, and RELATIONSHIP to 4-H'er of person who wrote check/made deposit:

Name: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ RECPT #/BOOK: \_\_\_\_\_