



Camden County 4-H

SENIOR



CAMP REGISTRATION

CAMP INFORMATION

DATES: JUNE 3-7 OR 10-14 (CIRCLE ONE)

LOCATION: ROCK EAGLE 4-H CENTER

AGES: 9TH-12TH 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: _____