



SCAN ME

Camden County 4-H

CLOVERLEAF CAMP REGISTRATION



CAMP INFORMATION

DATES: JULY 1-5, 2024 LOCATION: ROCK EAGLE 4-H CENTER, EATONTON GA

AGES: 5TH* – 6TH GRADERS COST: \$435*

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: ___/___/_____ Grade: _____ School: _____ Teacher: _____

Student Shirt Size-SIZE UP!, please circle one: **YS YM YL AS AM AL AXL AXXL** _____

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 16, 2024. If the balance is not paid by May 16, 2023, 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 a refund is necessary, please list NAME, MAILING ADDRESS, and RELATIONSHIP to 4-H'er of person on check/paying deposit:

Name: _____ Mailing Address: _____

Relationship: _____ RECPT#/BOOK: _____