4-H Cloverleaf Camp - Rock Eagle 4-H Center July 7-11, 2025







Space is limited - Signup is first come, first served

For more information: call (770) 254-2620 Open only for 4th, 5th & 6th Graders (2024-25)

Registration:	Saturday, March 8, 2025 (9am-1pm)	
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Bring:	1) Completed Registration Form	
	2) \$150 Deposit	
	3) Picture of Camper	
Location:	Coweta County Extension Office255 Pine Road, NewnanCloverleaf Camp Video	
Time:	9am-1pm https://tinyurl.com/CloverleafCamp2025	
2nd Payment	\$150 due April 11 th	
Final Payment	\$150 due May 9 th	
The total fee for Cloverleaf Camp is \$450.00. This fee includes lodging, transportation, meals, t-shirt, insurance, and all activities. Fees may be paid in full or in monthly installments. The installment plan requires a \$150 deposit. Payments may be in cash, local check, money order, or major credit cards. Checks should be made payable to Coweta County Extension/4-H.		

All deposits will become non-refundable on April 4th.

MANDATORY PARENT ORIENTATION: Coweta County Fairgrounds Exhibit Hall Wednesday, May 7th at 6:30pm

Rock Eagle 4-H Center is located two hours east of Newnan near Eatonton, GA. Campers stay busy with recreation, swimming, classes, and making new friends. They are supervised by Coweta 4-H staff, Rock Eagle counselors and certified volunteer leaders. Safety measures are stressed and all water activities are supervised by qualified lifeguards.



STAPLE A RECENT PHOTO OF YOUR CHILD WITH THEIR NAME ON THE BACK TO THIS BOX.

Cabin assignments are done primarily by gender
and school. If your child wishes to be housed with a
riend, write their name and school below. Special re-
quests are considered, but no guarantees are made.
Name:

School: ______

-

Name: _____

School: _____

Name: ______

School: _____

I understand that campers are **not allowed** to have **cell phones** or any other electronic devices at 4-H Cloverleaf Camp. If a cell phone or electronic device is found, their cabin leader will confiscate it and return to the parent/guardian at the end of the week.

Parent Initial _____

Camper Initial _____



An Equal Opportunity, Affirmative Action, Veteran, Disability Institution If you are an individual with a disability who may require assistance or accommodation in order to participate in or receive the benefit of a service, program, or activity of UGA, or if you desire more information, please contact us 770.254.2620.

Adult X-Large

Adult 2X-Large

Adult Large

	Office Use Only: Deposit Amount: Deposit Date: Circle One: Check Cash Card		
	Camper's Name 2024-25 School 2024-25 Grade Birthday (mm/dd/yr) MALE DFEMALE Address City State Zip		
nder rith a al re- ade. - - - - - - - - - - - - - - - - - - -	Did camper attend 4-H Cloverleaf Camp last year? UYES INO Primary Parent/Guardian		
	Primary Phone # Primary Email Address		
	Secondary Parent/Guardian Secondary Phone # Secondary Email Address		
	Any dietary needs, physical limitations, or other considerations that we should know for a great week of camp?		
	Camp Registration is not complete without additional forms provided at sign up & picture of camper. Code of Conduct Form (signed by student & parent) Medical Information/Release Form (signed by parent)		
	 Picture of Camper Submitted for Registration Form Circle Camper Shirt Size Youth Large Adult Small Adult Medium 		