

4-H CAMP REGISTRATION FORM

Name: _____

Preferred Name: _____

Shirt Size (adult sizes): S M L XL XXL

School: _____

Gender: _____ Age: _____

2018-2019 Grade: _____

Birthdate: ___/___/___

Address: _____

City: _____ Zip: _____

Parent's Name: _____

Home/Cell Phone: (_____) _____ - _____

Email: _____

ADDITIONAL INFO

Has your child been to 4-H Camp before? Yes No

Medical/Dietary Needs: _____

Allergies: _____

Can your camper swim? Yes No

If no, would you like your child to take swimming lessons in place of the major interest class? Yes No

Parent/Guardian Signature: _____

Office Use Only:

Deposit: _____

Paid in Full: _____

Date Returned: _____

Method of Payment _____

For more information about camp, scan the QR code or visitgeorgia4h.org/4-h-centers/summer-camp/



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Circle Camp

Cloverleaf

Junior

Senior

Sr. Extreme

Marine

Wilderness

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