

# 2025 Rock Eagle Summer Camp

## 4th, 5th & 6th Grades

### June 2-6, 2025

Total Cost: \$450

\$150 deposit due at Registration

Check, Money Order, or Credit Cards accepted



**Registration is ONE DAY ONLY!**

**Saturday, February 22, 2025  
8am-10am**

*Effingham County UGA Extension Office*

*601 N. Laurel Street Springfield, GA*

*First come, first served - ARRIVE EARLY!*

Canoeing • Sports • Archery • Nature Hikes

• Swimming • Sailing • Water Games •

Variety Show • Reptiles • Ropes Course • & more



*Price includes all camp activities, transportation, meals while at camp, 4 nights lodging  
Camp Scholarships are available; see your teacher for information or contact the 4-H Office*



*presented by:*

**UGA Extension Effingham County**

601 N. Laurel Street. | Springfield, GA 31329

**(912) 754-8040**

Office Hours: 8am-12pm & 1pm-5pm

**OFFICE USE ONLY!** Amount of Deposit: \_\_\_\_\_ Payment Type: \_\_\_\_\_ Application # \_\_\_\_\_

Registration for 4-H Summer Camp is **Saturday, February 22, 2025 from 8am-10am at the Extension Office in Springfield.** You will need to bring a **Completed Application** and **\$150 Deposit**. Camp Registration is *first come, first served* and spaces are limited! Applications received after 10am on Saturday, February 22 will be considered **ONLY** if there are remaining camp spots.

**Balance due by 5pm on Monday, May 5, 2025**

**4-H CAMPER INFORMATION**

2024-2025 Grade: 4th 5th 6th School \_\_\_\_\_ **Are you a returning camper? YES NO**

Name: \_\_\_\_\_

Gender: M F Race: \_\_\_\_\_ (optional) Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

T-Shirt Size: YS YM YL AS AM AL AXL AXXL

Special Needs or Health Concerns : \_\_\_\_\_

**PARENT/GUARDIAN CONTACT INFORMATION**

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

Parent/Guardian Cell Phone: \_\_\_\_\_

Additional Phone: \_\_\_\_\_

Parent/Guardian Email Address: \_\_\_\_\_  
(please print clearly, we will send reminders through email periodically, so please put an email that you check frequently)

**CAMPER CABIN REQUEST**

**List two names of people you would like to be in the cabin or workshops with.**  
(*this is not guaranteed— In most cases you will be in the cabin with people from your school.*)

Name 1: \_\_\_\_\_ School: \_\_\_\_\_

Name 2: \_\_\_\_\_ School: \_\_\_\_\_

**Please sign the following statement:**

I understand that this application and a \$150 **NON-REFUNDABLE** deposit is due to the 4-H office for 4-H camp registration. The remaining balance of \$300 and *all forms* are due **May 5**. If not paid by this date my child may lose their spot and be replaced by another 4-H'er. Once the balance is paid, it cannot be refunded without a written doctor's excuse. **Summer school is not an excuse for refund.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

4-H'er Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Camp Form & Final Balance DUE: by 5pm on Monday, May 5, 2025**

Visa & Master Card Credit Cards are accepted. Payment plans are available upon request.  
*If you fail to pay your balance by May 5 your child's name will be removed from the camp list.*

Fundraiser information will be available at 4-H Summer Camp Registration.