

2026 ROCK EAGLE SUMMER CAMP

CURRENT 4TH, 5TH, AND 6TH GRADERS

June 1-5, 2026

Total Cost: \$465

\$150 deposit due at Registration

Check, Money Order, or Credit Cards accepted



Registration is ONE DAY ONLY!

Saturday, February 21, 2026
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 21, 2026 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 21 will be considered **ONLY** if there are remaining camp spots.

Balance due by 5pm on Monday, May 4, 2026

4-H CAMPER INFORMATION

2025-2026 Grade: 4th 5th 6th School _____ **Are you a returning camper? YES NO**

Name: _____ **Can your child swim? YES NO**

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 \$315 and *all forms* are due **May 4**. 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 4, 2026

Visa & Master Card Credit Cards are accepted. Payment plans are available upon request.
If you fail to pay your balance by May 4 your child's name will be removed from the camp list.
Fundraiser information will be available at 4-H Summer Camp Registration.