

What will Cloverleaf Summer Camp at Rock Eagle 4-H Center be like? Cloverleaf Camp is the best fun you will have all summer! During the day, you will go to exciting workshops and participate in outdoor sports and recreation; in the evening, there will be a campfire, a variety show, and a pageant. Rock Eagle has not one, but two swimming pools and one has a two story waterslide! Classes include: Archery, Sailing, High-Ropes, Herpetology, Entomology, Crafts, Forestry, Lake Ecology, Canoeing, and more! The good times don't stop there! You will meet other 4-H'ers from our county as well as from around the state.

The camp counselors and staff at Rock Eagle are ready to help you have an adventure-filled summer with Georgia 4-H! Will we see you there!?

Want to hear more about Cloverleaf Summer Camp at Rock Eagle 4-H Center? Check out the camp video on Georgia4H.org!

FAYETTE COUNTY 4-H

CLOVERLEAF SUMMER CAMP 2025



July 7th- 11th Rock Eagle 4-H Center Eatonton, Georgia

Open to all Fayette County 4th-6th grade students Grade based on the 2024-2025 school year



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 2 weeks prior to event.

2025 Cloverleaf Camp Cost – \$450.00

- Price includes lodging, meals, bus transportation, camp t-shirt, insurance, and all camp activities.
- A non-refundable deposit of \$75 is due at registration to reserve your child's space.
- The deadline to pay the final payment of \$375 is Friday, June 13th.
- Additional split payments will gladly be accepted until the June 13th deadline.
- Payments can be made via cash, check, or card (except AMEX). All checks should be made out to Fayette County Extension 4-H.
- Refund policy per Fayette County Office: **NO refunds at all AFTER April 1, 2025**
- Limited number of scholarships are available for active 4-H'ers (active in the county program), financial needs, returning campers, or DPA competitors.
- There are 160 spots available for camp. Registration is on a first come, first serve basis. A waitlist will be made once we hit 160 campers.

Fayette County 4-H Camp Registration

- Registration will open Saturday, February 1st at the Fayette County Extension Office located at 140 Stonewall Ave W. Suite #210, Fayetteville, GA 30214
 - Returning Campers: 10:00 am- 11:30 am
 - First Year Campers: 12:30 pm- 2:00 pm
- You can register after the date above, but the sooner you register the better!
- No phone or online registration!
- High Ropes is for 6th graders and 2nd year campers only.

You should know...

- 1. Travel will be by school bus, accompanied by County Agents & Certified Chaperones.
- 2. Safety measures are stressed.
- 3. Swimming only under supervision of certified lifeguards.
- 4. A health form must be completed for your child. A physical is not required.
- 5. You & your child must sign a Georgia 4-H Code of Conduct and must abide by this code. This will be gone over during the Camp Orientation Meeting and emailed to the emails on file.

Still have questions? Contact Cara Rhoad, Fayette County 4-H Agent, at Cara.Rhoad@uga.edu or 770-305-5412

Fayette County 4-H Cloverleaf Camp Application

Camp Registration is Saturday, February 1st Returners: 10:00 am- 11:30 am // First Years: 12:30 pm- 2:00 pm Register in person at the Fayette County Extension Office. 140 Stonewall Ave W. Suite 209, Fayetteville, GA 30214.

If all spaces are filled when we receive your application, you will be placed on a waiting list.

Please complete this form in its entirety (Please print responses)-

| 4-H'er Name: | Preferred Name: | | | | | |
|--|------------------------------|---------|--------|---|---|----|
| Grade: Race: | Gender (circle one): | Male | Female | | | |
| Birthdate:// | Circle T-shirt Size (adult s | sizes): | S | М | L | XL |
| Mailing Address: | | | | | | |
| City: | Zip Code: | | | | | |
| Parent's Full Name: | | | | | | |
| Email Address: | | | | | | |
| Home/Cell Phone Number: (|) | | | | | |
| Alternate Phone Number: () | [_] | | | | | |
| Name of School: | | | | | | |
| Additional Info- | | | | | | |
| Medical/Dietary Needs: | | | | | | |
| Allergies: | | | | | | |
| Are you interested in being an adult leader for the week? Circle one: Yes No | | | | | | |

Signature of Parent or Guardian _____