Glynn County Extension
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Cloverleaf Camp Registration Form
Rock Eagle 4-H Center- June 29- July 3, 2020
Camper Information

Name _____ Birth Date_____ Age _____

Gender: ___Male ___Female

Race: __White __African-American or Black
__American Indian __Asian __Pacific-Islander

Military Family: ___Yes ___No

Hispanic: ___Yes ___No

Phone Number: _____ Grade _____ (*for 2019-20 school year*)

E-Mail Address: _____ School_____(*for 2019-20 school year*)

Are you a first year 4-H Camper? YES NO

Shirt Size: YM YL S M L XL XXL

Swimming Ability: Good Fair Non-swimmer

Please list the names of friends that are going to camp: *We will try and room these campers together and/or schedule them for the same classes. However, there is no guarantee that we can accommodate these requests.*

_____ _____

_____ _____

***Please sign that you agree to the following statement*:**

I understand that this application and a $75.00 non-refundable deposit is due to the 4-H office before my child can be registered for camp. The remaining balance is due *on or before May 18, 2020*. I understand that if the balance is unpaid by that time, my child may lose his/her position in camp registration and may be replaced with another 4-H'er. Subsequently, deposits may only be returned with a written doctor's excuse. The camp fee total is $360.00.

Parent Signature _____Date _____

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