

Cloverleaf Camp Registration Form

2024 Cloverleaf Camp @ Fortson 4-H Center
June 10- 14, 2024

4-H'ers Name: _____

Address: _____
Street or PO Box City Zip

Home Phone: _____ Grade _____ Age _____

Cell Phone: _____

Email: _____

T-Shirt Size: YS ___ YM ___ YL ___
AS ___ AM ___ AL ___ AXL ___ A2XL ___ A3XL ___

Parent / Guardian Name: _____

Daytime Contact Phone Number(s): _____

Signature: _____

Date Registration Form Completed: _____

Can You Swim? _____ Yes _____ No

Any Food Restrictions? _____ Yes _____ No

If yes please list _____

Extension Office Use Only (Total Camp Fee: \$420.00)

March 15 th	(Deposit Due \$75 NON-REFUNDABLE)	\$ _____	Date deposit made _____
April 16 th	(2 nd Payment \$170)	\$ _____	Date payment made _____
May 17 th	(3 rd Payment \$175)	\$ _____	Date payment made _____

SCHOLARSHIP: \$ _____ (fundraiser or other source _____)