

2024 SHELBY COUNTY 4-H CAMP REGISTRATION

Name _____ 4-H Club _____

Address _____

City _____ Zip _____

Telephone _____ Sex: _____ Male _____ Female

Birthdate _____ Grade in School (as of Jan 1 of current year) _____

Years in 4-H (include this year) _____ Years attending 4-H Camp (include this year) _____

Friend(s) camper would like to bunk with: _____

FEES:

\$100.00 Overnight Camp Fee (Includes camp fee, transportation, t-shirt. First time campers pay \$50 (the Shelby County 4-H Advisory Council pays \$50 towards first time camper fees).

My 4-H camp shirt size is:

YOUTH SIZES: ___S ___M ___L ___XL

ADULT SIZES: ___S ___M ___L ___XL ___XXL

TOTAL AMOUNT ENCLOSED: _____

Please make check payable to **SHELBY COUNTY 4-H ADVISORY COUNCIL**
Registration is not complete until payment and all forms have been received.

CAMP FORMS and Payment DUE in our office Friday April 26, 2024

Forms must be delivered to, or mailed and received, at the Shelby County Extension Office by 4 p.m. Friday, April 26, 2024. Forms may be mailed to Shelby County Extension Office, 20 West Polk St., Ste 201, Shelbyville, IN 46176. Questions, call 317-392-6460.

We give our full permission for our son or daughter to attend the previously mentioned 4-H camp and participate in all phases of the activities, and photographs unless noted on the health form (completed later). Attached is payment to cover the camp fee. In case of cancellation at least 10 days prior to the session, the entire camp fee will be refunded.

SIGNATURE OF PARENT OR GUARDIAN: _____

Medical personnel will be on duty and a physician is on call nearby, in the event of illness or accident. Limited health and accident insurance is provided. There is no insurance on personal property. All items should be well marked or labeled in a zip lock bag with original medication bottle. Anything sent with your child is sent at your own risk.