

# 4-H Cloverbud Day Camp

## Monday, August 12, 2019

(Please use one form per child)

<b>Name:</b>		<input type="checkbox"/> 4-H Member <input type="checkbox"/> Friend of 4-H Member
<b>Address:</b>		
<b>City, ST, Zip</b>		
<b>E-Mail:</b>		
<b>4-H Club:</b>		
<b>Phone:</b>	<b>Grade Completed:</b> <input type="checkbox"/> K <input type="checkbox"/> 1 <input type="checkbox"/> 2	
<input type="checkbox"/> <b>Enclosed is \$15.00 for camp fee. (No refunds after due date of Friday, August 3rd.)</b> (Check made payable to "Columbia County 4-H Leader's Council.)		

Are any special accommodations/diet/other required?

**Yes**    **No**   If Yes, please describe: \_\_\_\_\_

## Youth Counselor/Adult Chaperone - Cloverbud Camp

- Yes!** I would be willing to attend and help at 4-H Cloverbud Camp  
(Camp fee will be paid by Columbia County 4-H Leader's Council)  
**Please do not bring unregistered children.**

<b>Name:</b>	
<b>Address, City, ST, Zip (if different from above):</b>	
<b>4-H Club:</b>	
<b>Phone:</b>	<b>I am:</b> <input type="checkbox"/> an Adult <input type="checkbox"/> a Junior Leader (grade 7 & up)
<b>Areas of interest I would be willing to plan/help with:</b>	
<input type="checkbox"/> Crafts <input type="checkbox"/> Games <input type="checkbox"/> Music/Drama <input type="checkbox"/> Food Preparation <input type="checkbox"/> Group Leader <input type="checkbox"/> Nature	
<input type="checkbox"/> Wherever <input type="checkbox"/> Other: _____	

**Campers: Return (with payment) by Thursday, August 1st, to:**  
**Jennifer Evans, UW-Extension, 112 E. Edgewater Street, Room 212, Portage, WI 53901.**  
**Youth Counselors/Adult Chaperones return by July 29<sup>th</sup>!**