

4-H Cloverbud Day Camp

“Insects”

Monday, August 12, 2019

(Please use one form per child)

Name:	<input type="checkbox"/> 4-H Member <input type="checkbox"/> Friend of 4-H Member
Address:	
City, ST, Zip	
E-Mail:	
4-H Club:	
Phone:	Grade Completed: <input type="checkbox"/> K <input type="checkbox"/> 1 <input type="checkbox"/> 2
<input type="checkbox"/> Enclosed is \$15.00 for camp fee. (No refunds after due date of Thursday, August 1st.) (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.**

Name:	
Address, City, ST, Zip (if different from above):	
4-H Club:	
Phone:	I am: <input type="checkbox"/> an Adult <input type="checkbox"/> a Junior Leader (grade 7 & up)
Areas of interest I would be willing to plan/help with: <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:

**Sarah Millard, UW-Madison Extension Columbia County, 112 E. Edgewater Street, Room 212,
Portage, WI 53901.**

Youth Counselors/Adult Chaperone: Return by July 29th!