Senior EXTREME Camp Sign Up Form June 10-14, 2024

PLEASE PRINT LEGIBLY

4-H'ers Name:				
Complete Mailing Address:				
Home Phone:				
Does 4-H'er swim? Yes / No T-Shirt Size (A	Adult):			
School Presently Attending:			Grade:	
Age of 4-H'er: Gender of 4-H	l'er: N	fale / Female		
Ethnic ID: White African American Asia	an	□Hispanic	□Other:	
Parent or Guardian's Name:				
Emergency Name and Phone Number:				
Please make checks or money orders payable to: Madis Deliver payments to 97 Sunset Drive in Danielsville or I understand that camp space is limited and registration fee could be assessed. Parent or Guardian Signature:	mail to	o PO Box 68 Dar a first come, first s	served basis. Therefore	
FOR OFFICE USE ONLY				
Required Forms Received:		Action Items:		
□Code of Conduct □Medical Release	□Marked in Activity Enrollment online			
□ Medicine Form □ Georgia 4-H Alternate Transportation □ Other:		Amount	Date Received	Receipt #
	Payment			