

| Packet: Mailed | / In Person |  |
|----------------|-------------|--|

## **Grayson County 2024 4-H Camp Registration Form**

Monday, July 22- Thursday, July 25, 2024

West Kentucky 4-H Camp, Dawson Springs, Kentucky

| Office Use Only: |  |
|------------------|--|
| Date Submitted   |  |
| Deposit paid     |  |
| Cash or check #  |  |
| Staff Initial    |  |

| Name:                            |   |                         |                 |                  | _      |
|----------------------------------|---|-------------------------|-----------------|------------------|--------|
| (First)                          | (Last)  |                         | (I prefer to b  | e called)        |        |
| Address:                         |   |                         |                 |                  |        |
| (mailing address)                |   | (City)                  | (Zip Code       | )                |        |
| Birth date: (xx/x                | x/xxxx) Age:((  | On July 22, 2024)       | Gender:         | _ Male           | Female |
| School:                          |   | Grade:                  | (Enteri         | ng in fall 2024) |        |
| Have you attended 4-H Camp       | before? Yes   | No How r                | many years?     |                  |        |
| I would like to be in a cabin w  |   | st/school/grade of      | requested cal   | oin-mate)        | _      |
| Parent/Guardian:                 |   |                         |                 |                  | _      |
|                                  | (Print first and las  | st name(s))             |                 |                  |        |
| Phone: Primary # to call)        | (Additional # to c  | call if needed)         |                 |                  |        |
| Shirt size (circle one) Y-Mediur | n Y-Large A-Small   | A-Medium                | A-Large         | A-XL             |        |
| Parent Signature:                |   |                         | Date:           |                  |        |
|                                  | Return this form before   | ore <b>May 1, 202</b> 4 | to the          |                  |        |
| •                                | nty Extension Service a   |                         |                 | Y 42754.         |        |
| D                                | O NOT RETURN  | THIS TO S               | CHOOL!          |                  |        |
| Camper fee is \$7                | '5; a \$25 deposit is du  | ie at time of turi      | ning in regis   | tration form.    |        |
|                                  | et of additional 4-H ca<br>e mailed after the rec                                 |                         |                 |                  |        |
| Call th                          | ne 4-H office at (270) 259  | 9-3492 for addition     | nal information | า.               |        |
| If you selected YES: Please in   | olarship assistance reque<br>dicate how many youth i<br>cholarship recipients wil | n household will b      | _               | ımp:             |        |