

Rock Springs Ranch

HEART OF KANSAS 4-H CAMP REGISTRATION

JUNE 8-11, 2008



REGISTRATION DUE MAY 2

Name: _____ Club: _____

Circle one: Boy Girl Grade Completed: _____ Birth Date: ____/____/____ Age ____

Check appropriate blanks:

_____ Regular Camp _____ Jr. Counselor _____ Sr. Counselor

Parent or Guardian: _____

Phone: Home () _____ Work () _____

Home Address: _____

Friends I would like to camp with:

Name	Grade
1. _____	_____
2. _____	_____
3. _____	_____

Note: Please ask your friends to list you on their registration. Scheduling does not always permit "groups" or friends of different ages or counties to stay together. No more than four youth per county will be housed together, except under special circumstances. The housing committee will make all reasonable efforts to house you with at least one of your choices.

Camp Cost Information: Camp cost includes lodging, meals, nurse, adult supervision, special programs and use of Rock Springs facilities. 4-H Council provides transportation to camp.

Campers Fee: \$85.00 (Reg. 125.00; 1/3 pd. By 4-H Council)

Counselor Fee: Pd by 4-H Council

Please make checks payable to: Stafford County 4-H Council

Please complete the following forms:

_____ Registration Form

_____ Kansas 4-H Participation Form

_____ 2 copies of the Medications Form if participant is taking any medications at the time of camp

(Bring copies attached to the medication in a zip bag and turn in at loading time)

Need another copy of this form, contact the Extension Office or visit our website @ www.stafford.ksu.edu