NAME OF CAMPER: ___________________________ Years at 4-H Camp: ___

ADDRESS: ___________________________________ Zip Code__________

DATE OF BIRTH: ___/___/____ AGE: _______ GENDER: ____________

T-SHIRT SIZE: Youth: S M L XL OR Adult: S M L XL XXL

Information about parents:

NAME OF PARENT(S): ____________________________________________

HOME PHONE: ______________ WORK PHONE: ______________________

PARENT(s) EMAIL: ______________________________________________

CELL PHONE(S):________________________________________________

RETURN APPLICATION AND $10.00 DEPOSIT (NON-REFUNDABLE) TO RESERVE YOUR SPACE.
CHECK or MONEY ORDER ONLY!
--FIRST-COME, FIRST-SERVE—
Registration opens: March 14, 2011
Application and Fee can be sent to:
Leon County 4-H Office
615 Paul Russell Rd
Tallahassee, FL 32301

Office Use:
___ Amount Paid/Check Number ___ Cash
___ Dbase ___ Spreadsheet