

# Family Camp

Camp Clover Point on the  
Lake of the Ozarks!  
June 12 & 13 2009



Please fill in all of the information below

One form per family



Family Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

County: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact Number During Camp: \_\_\_\_\_

Name (s): Adult Male \_\_\_\_\_

Adult Female \_\_\_\_\_

Names & Ages of Children Attending:

Name \_\_\_\_\_ Age: \_\_\_\_\_ o Female o Male Year in 4-H: \_\_\_\_\_

Name \_\_\_\_\_ Age: \_\_\_\_\_ o Female o Male Year in 4-H: \_\_\_\_\_

Name \_\_\_\_\_ Age: \_\_\_\_\_ o Female o Male Year in 4-H: \_\_\_\_\_

Name \_\_\_\_\_ Age: \_\_\_\_\_ o Female o Male Year in 4-H: \_\_\_\_\_

*List any special needs or accommodations 4-H must be aware of:*

The number of cabins are limited and families attending Family Camp share cabins with other families of similar size and ages of children.

Do you have a cabin mate family preference?

\_\_\_\_\_

For example: another family from your county.

Registration fee for the Family Camp is \$35 a person, \$120 max per family.

\_\_\_\_\_ # attending X \$35.00 = \_\_\_\_\_ \$120. max

Registration is complete when the following items are returned to your county extension office:

One registration form per family attending .

Health and event acceptance form for every family member

Check made payable to University Extension for amount of fees

Registration will not be completed unless full payment and forms are received by May 22, 2009.

**No Refunds!**