

**2008 Lafayette County
4-H Clover Kid Camp
"Camp Wild West"
Registration Form**



Name: _____

Will be attending: _____ **July 22**

_____ **July 24**

(Each child may only attend one day)

Parent/Guardian: _____

Home Phone _____

Cell/Work _____

Emergency Contact: _____ **Home Phone** _____

Cell/Work _____

Participants T-Shirt Size ___ **S** ___ **M** ___ **L** ___ **Adult Small** ___ **Adult M**

Registration Fee \$15 per Child

Camp will be held at Fairground Park Community Building. Children may be dropped off at 8:00 am and picked up at 3:30 pm.

Make Check payable to Lafayette County 4-H & return to University of Missouri Extension, 14 East 19th Street, Higginsville MO 64037

Amount Enclosed _____

RETURN FORMS BY July 7th