2016 Kent County 4-H Day Camp Registration

CAMP TIMES ARE 9AM-4PM with NO BEFORE OR AFTER CAMP CARE

(Applications are accepted on a space-available basis)

(Check One)

☐ **(Cloverbud)**
July 11-15(Ages 5-7)
Harrington Moose Lodge
Rt 13, Harrington, DE

Camps are at same location, but campers are split by age groups.

☐ **(Traditional)**
July 11-15 (Ages 8-12)
Harrington Moose Lodge
Rt 13, Harrington, DE

T-Shirt Size (Check One), YOUTH Sized Shirts ___Small ___Medium ___Large ___X Large

CAMPERS DO NOT NEED TO BE MEMBERS OF 4-H

NAME: _____

ADDRESS: _____ City: _____ Zip _____

If you are a 4-H member, please list Club: _____ Email: _____

HOME PHONE: _____ BIRTH DATE: ____/____/____

AGE: ____5 ____6 ____7 AGE: ____8 ____9 ____10 ____11 ____12

FATHER'S (Guardian's) Name: _____
Home Phone:_____
Work Phone:_____

MOTHER'S (Guardian's) Name: _____
Home Phone:_____
Work Phone:_____

Federal regulations relating to affirmative action require that the University compile the following information for all applicants. Completing this section is voluntary and the information is not used in the evaluation of any applicant.

Please choose: ___ Female ___ Male

Please choose: ___ Non Hispanic ___ Hispanic

Please also check all that apply:
___ White
___ Black
___ American Native
___ Asian
___ Hawaiian/Pacific Islander
___ Other/Mixed

Camp Fee $100 per camper

PLEASE BRING A PACKED LUNCH EACH DAY

DRINKS WILL BE PROVIDED

Mail to: 4-H Day Camp, Kent County Extension, 69 Transportation Circle, Dover, DE 19901

Make All Checks payable to: University of Delaware

Completed Health Form and payment MUST accompany this Application Form