

FOR OFFICE USE ONLY			
Received: _____	Check # _____	Amount: _____	Health Form: _____



REGISTRATION

2016 New Castle County 4-H Summer Camp



Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

The following information is for recordkeeping purposes only.

Birth date: _____ **Age:** _____ **Grade Completed June 2015:** _____

Sex: ___ Female ___ Male **Hispanic:** ___ Yes ___ No

Please circle child's race(s): Asian White Black American Indian Hawaiian & Pacific Islander

Are you a 4-H'er? ___ Yes ___ No **If Yes, Club Name:** _____

Circle Where You Live: Farm Rural Town Suburb City

_____ I authorize the University of Delaware Cooperative Extension to record and photograph my image and/or voice for use in research, educational & promotional programs.

Please check the camp(s) for which you are registering.

June 20-24, 2016

_____ Cloverbud Explorers 4-H Day Camp*, 8:30am-4:30pm, UD Townsend Hall, ages 5-7, Cost \$200.00

_____ Young Explorers 4-H Day Camp*, 8:30am-4:30pm, UD Townsend Hall, ages 8-12, Cost \$200.00

_____ All Aboard the LeaderSHIP! An intro to Counselor-In-Training 8:30am-4:30pm, UD Townsend Hall, ages 13-15, Cost \$180.00

June 27-30, 2016

_____ 4-H Shooting Sports Day Camp, 9:00am-2:00pm, Wilm. Trap Shooting Assoc., Newark, ages 8-12, Cost \$150.00

August 8-12, 2016

_____ 4-H Animal Science Day Camp*, 8:30am-4:30pm, UD Townsend Hall, ages 8-12, Cost \$250.00

Mail registration and health form to: UD Cooperative Extension, 4-H Day Camp, 461 Wyoming Rd., Newark, DE 19716. Checks made payable to University of Delaware. NO REFUNDS.

**Before and after care is available for *marked camps for an additional fee. Please indicate if you need this:*

_____ Yes	_____ No	Before Care = 7:30 am-8:30 am = \$25.00 per child/per week
_____ Yes	_____ No	After Care = 4:30 pm-5:30 pm = \$25.00 per child/per week

Parent/Guardian Signature: _____ Date: _____



Cooperative Extension
COLLEGE OF AGRICULTURE & NATURAL RESOURCES



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