

**Due: May 24th - Please Use Black or Blue Ink Only!**

# 2019 Athens County Cloverbud Day Camp Registration

**Bring Payment, Registration, & Health Form to:**

**Cash is NOT Accepted - Checks/Money Orders Payable to:**

**Credit/Debit Cards Accepted:**

OSU Extension - Athens County/280 West Union Street/Athens, OH 45701

OSU Extension - Athens County (**\$30 Returned Check Fee**)

In Person Only, During Office Hours

CAMPER NAME _____	Boy____ Girl____
Mailing Address (street)_____	Age____ (as of 1.1.19)
City_____ Zip_____	Grade____ (as of 1.1.19)
4-H Club_____ School_____	
Email Address_____	
PARENT/GUARDIAN_____	Relationship_____
Home #_____ Work #_____ Cell #_____	
ADDITIONAL CONTACT_____	Relationship_____
Home #_____ Work #_____ Cell #_____	
<b><u>SIGNATURES</u></b>	
<i>I agree to abide by the rules and regulations of 4-H Day Camp, participate in camp activities, and have fun!</i>	
Camper's Signature_____	
Parent/Guardian (PRINT NAME)_____	
SIGNATURE_____	Date_____

<b>Registration fee of \$20 includes all supplies, lunch, and a camp t-shirt!</b>	
Will be paying in two installments: YES or NO	Amount Paid Today:_____
	Amount Due by Camp:_____
<b>T-Shirt is INCLUDED! Please Circle T-Shirt Size:</b>	
Youth:	Small      Medium      Large
Adult:	Small      Medium      Large      XLarge      XXLarge

FRIEND REQUEST FOR CAMP GROUP: _____
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<b>OFFICE USE ONLY:</b>
Health Form____ PIF____ Amt Due____