2024 Family Camp REGISTRATION FORM

4-H Membership not required

TO REGISTER:

Please complete entire form. Include health history for any youth attending without their parent, and return with **full fee** to:

4-H Memorial Camp, 499 Old Timber Road Monticello, IL 61856

Date: September 6-8, 2024

(Arrival times: 4-6pm)

Fee: Cabin rental: \$215

8 yrs and older: \$73 per person 4-7 yrs old: \$45 per person

Under 3- No Charge

Please Print:

Adult Participant: (One adult required to attend entire session)

Last Name	First Name	;		Gender - M or F	Age
Street	City	State	Zip		
Phone(w)	Phone(h)		Email for confir	mation letter	
Additio	onal Participants:				
1	ast Name	First Name		Gender	Age
St	reet	City	State	Zip	
2					
La	ast Name	First Name		Gender	Age
St	reet	City	State	Zip	
3	ast Name	First Name		Gender	Age
St	reet	City	State	Zip	
4	·N	E' () I		0.1	
	ast Name	First Name		Gender	Age
St	reet	City	State	Zip	

^{*}At least one child must be 4-H Age (5-18)

Last Name		First Name		Gender	Age
Street		City	State	Zip	
Last Name	2	First Name		Gender	Age
Street		City	State	Zip	
Last Name	2	First Name		Gender	Age
Street		City	State	Zip	
Sirect		City	State	Zip	
Last Name	2	First Name		Gender	Age
Street		City	State	Zip	
		77			
Last Name	2	First Name		Gender	Age
Street		City	State	Zip	
bin rental:				\$215	
umber of Can	npers 8 years and o	lder	X \$73 =		
umber of Can	npers 4-7 years old		X \$45 =		
Number of Campers 3 years and younger				\$0	
			Total		
	g to bunk with anot me on their registr		tering separatel	y, please indica	ate their na

Special Notes:

Adult participants will receive a confirmation letter, weekend agenda, map, and "what-to-bring" list after full fee is received.

Attach a health history form for each youth participant attending without their parent.



