

2025 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 5-7, 2025**

(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

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

Please Print:

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

Last Name	First Name	Gender - M or F	Age
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Street	City	State	Zip
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Phone(w)	Phone(h)	Email for confirmation letter
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Additional Participants:

1.

Last Name	First Name	Gender	Age
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Street	City	State	Zip
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2.

Last Name	First Name	Gender	Age
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Street	City	State	Zip
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3.

Last Name	First Name	Gender	Age
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Street	City	State	Zip
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4.

Last Name	First Name	Gender	Age
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Street	City	State	Zip
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5. _____
 Last Name First Name Gender Age

 Street City State Zip

6. _____
 Last Name First Name Gender Age

 Street City State Zip

7. _____
 Last Name First Name Gender Age

 Street City State Zip

8. _____
 Last Name First Name Gender Age

 Street City State Zip

9. _____
 Last Name First Name Gender Age

 Street City State Zip

Cabin rental: \$215

Number of Campers 8 years and older _____ X \$73 = _____

Number of Campers 4-7 years old _____ X \$45 = _____

Number of Campers 3 years and younger _____ \$0 _____

Total _____

If you are willing to bunk with another family registering separately, please indicate their name here. They will need to do the same on their registration form.

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.

