2024 Reel Adventure Family Fishing 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 if not paid online** to:

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

Date: May 3-5, 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 Na	ame	First Name			Gender - M or F	Age
Street		City	State	Zip		
Phone(w)	Phone(h)		Email for confir	rmation letter	
Add	itional Par	ticipants:				
1	Last Name		First Name		Gender	Age
	Street		City	State	Zip	
2						
	Last Name		First Name		Gender	Age
	Street		City	State	Zip	
3						
	Last Name		First Name		Gender	Age
	Street		City	State	Zip	
4						
	Last Name		First Name		Gender	Age
	Street		City	State	Zip	

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

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Last Name	First Name		Gender	Age
Street	City	State	Zip	
Last Name	First Name		Gender	Age
Street	City	State	Zip	
Last Name	First Name		Gender	Age
		C4-4-		
Street	City	State	Zip	
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Last Name	First Name		Gender	Age
Street	City	State	Zip	
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Last Name	First Name		Gender	Age
Street	City	State	Zip	
ıbin rental:			\$215	
umber of Campers 8 years	and older	X \$73 =		
Number of Campers 4-7 year	ars old	X \$45 = _		
fumber of Campers 3 years		\$0	_	
		Total		_
you are willing to bunk wited to do the same on their		stering separatel	y, please indicat	e their naı

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.



