2025 Camp Whitetail
Hunter Safety Camp
REGISTRATION FORM

4-H Membership not required

TO REGISTER:
Please complete entire packet and return with **full fee** to:

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

Date: **October 25-26, 2025**

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 confirmation letter

Youth Participants:

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

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

Meals included: Saturday - lunch and dinner Sunday: breakfast and lunch

Option 1: No lodging, course only (per person) X $58 = _____

Option 2: Lodging Saturday Night (per person) X $70 = _____

Option 3: Lodging Friday & Saturday Night (per person) X $90 = _____

Total _____

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.

Illinois Extension
UNIVERSITY OF ILLINOIS URBANA-CHAMPAIGN

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