

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.



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If you need a reasonable accommodation to attend, call the registration office.