

# 2019 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: **5 PM on Fri., Sept. 13 thru 3 PM on Sun., Sept. 15, 2019**

(Arrival can be 5-8 PM on Fri. or 8-10 AM on Sat.)

Fee: 8 years old and up: \$75/person

4-7 year olds: \$35/person

Under 4- No Charge

**\*At least one child must be 4-H Youth Camp Age (8-16)**

Each family will have their own cabin. If you have another family/friends you are willing to share a cabin with, please let us know as it will make room for others. Each cabin has 10 beds.

**Please Print:**

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

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|           |            |                 |     |
|-----------|------------|-----------------|-----|
| 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 |
|----------|----------|-------------------------------|

**Additional Participants: (Maximum of three youth recommended per adult camper)**

**1.** 

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|           |            |        |     |
|-----------|------------|--------|-----|
| Last Name | First Name | Gender | Age |
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| Street | City | State | Zip |
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**2.** 

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|-----------|------------|--------|-----|
| Last Name | First Name | Gender | Age |
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| Street | City | State | Zip |
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**3.** 

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

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|-----------|------------|--------|-----|
| 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 |

Number of Campers 8 years and older \_\_\_\_\_ X \$75 = \_\_\_\_\_

Number of Campers 4-7 years old \_\_\_\_\_ X \$35 = \_\_\_\_\_

**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.**



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 University of Illinois | U.S. Department of Agriculture | Local Extension Councils Cooperating  
 University of Illinois Extension provides equal opportunities in programs and employment.  
 If you need a reasonable accommodation to attend, call the registration office.