



THE OHIO STATE UNIVERSITY

COLLEGE OF FOOD, AGRICULTURAL,
AND ENVIRONMENTAL SCIENCES

Office use only:
Date Received: _____
Amount Paid: _____
Scholarship: _____

2019 4-H Summer Camp Registration

Name _____ Club Name _____

Address _____

City _____ Zip _____ Phone _____

Age: _____ Gender: M F Parent/Guardian Name _____

Any special dietary needs or food allergies? _____

I have applied for a Camp Scholarship ___yes ___no

3rd, 4th & 5th Grade Camp – Beginner Camp
May 31 – June 2
Reservation Deadline: May 13, 2019
Camper Fee \$147.00

I Plan to Attend: _____
Amount Enclosed: _____

6th, 7th, & 8th Grade Camp – Jr. High Camp
June 6 - 9, 2019
Reservation Deadline: May 23, 2019
Camper Fee \$147.00

I Plan to Attend: _____
Amount Enclosed: _____

9th – 12th Grade Camp – Teen Camp
June 14 – 16, 2019
Reservation Deadline: June 3, 2019
Camper Fee \$151.00

I Plan to Attend: _____
Amount Enclosed: _____

Please make check or money order (**no cash**) payable to the ***Meigs County Extension.***

**Return this registration form and camper forms before the above registration deadlines with payment to:
Ohio State University Extension, Meigs County
113 E. Memorial Drive
Pomeroy, Ohio 45769**

I understand that this is a 4-H event and agree that I will act in a responsible manner as a 4-H member. I will obey the rules set fourth by OSU Extension Personnel, adult volunteers and Canter’s Cave Camp staff in attendance. Any violation of the rules including disruptive behavior, lack of respect for other members or adults, possession of alcohol, tobacco products, or possession of a weapon will be reason for me to be dismissed from the camp and dismissal of being a camp counselor.

Member’s signature

Date

I understand that my child’s participation in this event is a privilege and not a right. I understand that my child must abide by the rules and regulations of OSU Extension and Canter’s Cave 4-H Camp, Inc. or I, as parent/guardian, will assume responsibility of the child being sent home.

Parent/Guardian’s signature

Date

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