4-H CAMP 2024
Application for Assistance
(4-H Member Information)

NAME_____ BIRTHDATE_____

MAILING ADDRESS_____

MALE___   FEMALE___   RACE___

TELEPHONE NUMBER_____

Name of Parents or Legal Guardian_____

Tell what you have done in 4-H: (projects, day camps, club member etc.)
_____
_____
_____
_____

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PARENTS(S) COMPLETE THIS

Total family income_____

Number in family_____

Do you have a sibling who is planning on attending camp this year? _____

The total cost of camp is $250.00 for the 1st 60 and $300.00 once those spaces are filled.

What portion of your child's camp fee can you pay? _____
(Most assistance for camp fee is partial.)

These are questions asked by sponsors.
The information supplied on this application is true.

_____
(Signature of Parent or Guardian)

*Date*_____

Application must be turned in by May 13, 2024