

**KNOX & HOLMES COUNTY 4-H CAMPER REGISTRATION FORM**

**June 5 – 9, 2019**

Return this form to the OSU Extension Office – Knox County, PO 1268 Mt. Vernon, OH 43050 with fee payment on or before May 15. Campers are age 8 AND in third grade through age 14.

**NAME:** \_\_\_\_\_ **GENDER:** \_\_\_\_\_ **AGE on 1/1/2019:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
# and street or PO Box                                  City                                  Zip

**PHONE NUMBER:** ( \_\_\_\_\_ ) \_\_\_\_\_ **COUNTY** \_\_\_\_\_  
(Area code)                                  number

Number of years you have camped, not including this year \_\_\_\_\_

Optional: Please give the full name of only **ONE** person who will be camping this year that you would like for a cabin mate: (the same person needs to put your name on their form or you may not be assigned together) \_\_\_\_\_

If a same-gender sibling is attending do you want them in your cabin? Yes \_\_\_\_ No \_\_\_\_

4-H Club/Group Name \_\_\_\_\_ Non- 4-H member \_\_\_\_\_

Calculate your total camp fee below:                                  Date Received \_\_\_\_\_

- 2019 Basic **camp fee** per 4-H member = \$180.00 before May 15, \$190.00 after May 15
- Base camp fee per Non 4-H members = \$190.00 before May 15, \$200.00 after May 15
- (Registrations are accepted on a first-come-(and paid)-first-served basis)
- Sibling discount (after one full fee is paid)=\$5.00 each off for each additional sibling \_\_\_\_\_
  - A. **Camp fee:** (lodging, insurance, 6 total snacks and camp photo) \$ \_\_\_\_\_
  - B. **Optional Special Additional Fees:** (camper must be 12 or older by camp dates)
    - High Ropes \$10.00                                  \$ \_\_\_\_\_
    - Shotgun \$ 5.00                                  \$ \_\_\_\_\_
    - Subtotal                                  \$ \_\_\_\_\_
  - C. **Total** Amount enclosed                                  \$ \_\_\_\_\_

*Note: additional craft items and souvenirs may be purchased at the camp store June 5 or 9.*

Specific allergy, diet or pre-existing conditions: \_\_\_\_\_  
\_\_\_\_\_