



# Racine County 4-H Winter Day Camp Camper Registration Form 2020

**What:** Racine County 4-H Winter Day Camp  
**Who:** Racine County 4-H members who are in 9<sup>th</sup> grade and above during the 2019-2020 school year  
**When:** 5:00 p.m. to 10:00 p.m. on Saturday, February 1<sup>st</sup>, 2020  
**Where:** Raymond Town Hall, 2255 76<sup>th</sup> Street, Franksville  
**Cost:** \$7 per youth

**What is Winter Day Camp?** An evening with Racine County 4-H high school youth filled with fun including sledding, movies, board games, hot chocolate, pizza and the opportunity to develop new friendships!

**This form and payment is due on **Monday, January 27, 2020** at 4:30 p.m.** It may be dropped off in person at the Burlington office (1072 Milwaukee Ave., Burlington) on weekdays between 8:00 a.m.-12:00 p.m. or 12:30-4:30 p.m. by the stated date and time, placed in the drop box on the north side of the Burlington office by the stated date and time, or postmarked via USPS mail by the stated date. ***Late forms will not be accepted.***

Registration Deadline

**Monday, January 27, 2020**

4:30 p.m.

*See options above.*

**Racine County 4-H Winter Camp  
Camper Registration Form 2020  
ONE CAMPER PER FORM (PLEASE PRINT)**

OFFICE USE ONLY

Date Received: \_\_\_\_\_

Amount Received: \_\_\_\_\_

Check #: \_\_\_\_\_

Full Name: \_\_\_\_\_

Grade (2019-2020 School Year): \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Club: \_\_\_\_\_ List any food allergies: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Contact Number: \_\_\_\_\_

**Please be sure the camper's health form is accurate and signed with the current date in 4HOnline by 4:30 p.m. on **Monday, January 27<sup>th</sup>, 2020**.** Make checks payable to Racine County 4-H Leaders Association.

**I give my permission for this camper to participate in Winter Camp, February 1<sup>st</sup>, 2020.**

**Signature of Parent or Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parents/Guardians:**

**Are you interested in chaperoning this program?** Yes \_\_\_ No \_\_\_\_\_

**Name:** \_\_\_\_\_

**I am a registered 4-H volunteer:** Yes \_\_\_ No \_\_\_\_\_

*(In order to hold the program, we will need one adult volunteer for every 10 participants.)*

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