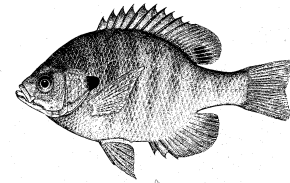


4-H Memorial Camp
2009 FISH CAMP REGISTRATION FORM
4-H Membership not required

TO REGISTER:

Please complete entire form, include health history and return with **full fee** to:
*4-H Memorial Camp, 499 Old Timber Road
 Monticello, IL 61856*



Date: 9am, Saturday, April 25 – 3 pm, Sunday, April 26, 2009

Fee: \$39.00 per person

Please Print:

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

 Last Name First Name Sex

 Street City State Zip

 Phone(w) Phone(h) Email

Have you attended Fish Camp at 4-H Memorial in prior years? ___yes ___no

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

1. _____
 Last Name First Name Sex Age

 Street City State Zip

2. _____
 Last Name First Name Sex Age

 Street City State Zip

3. _____
 Last Name First Name Sex Age

 Street City State Zip

(attach health history form for each youth participant to this form)

Special Note:

Adult participants will receive confirmation letter, weekend agenda, map, and "what-to-bring" list after full fee is received.

