



Southern Illinois 4-H Camp Registration

First Name: _____

Last Name: _____

Address 1: _____

Address 2: _____

City: _____

State: _____

Zip: _____

Day Phone: _____

Evening Phone: _____

County: _____

(if different than camper)

Parent/Guardian: _____

Address: _____

(if different than camper)

Youth Camp
(3rd – 6th grades)

June 7-10

Camp Fee: \$160
*WOW Little Egypt
Camp, West Frankfort*

Jr. High Camp

June 25- 27 (Jr. High only)

Camp Fee: \$130
*Camp Wartburg,
Waterloo*

Gender: Male Female

Age: _____

(by camp date)

Birthdate: _____

(month/day/year)

Grade completed: _____

(by camp date)

4-H member: Yes No

Race/Ethnicity:

- African-American
- Caucasian
- Latino
- Native American/Alaskan
- Pacific Islander/Asian

Size of community you live in:

- City (includes Bloomington-Normal, Champaign-Urbana, Chicago, Decatur, Joliet, Peoria, Rockford, Rock Island/Moline, Springfield, or East St. Louis)
- Suburb of one of the cities above
- Medium Town (10,000-50,000)
- Rural/Small Town (under 10,000)
- Farm (where income is earned farming)

Previous 4-H Camper: Yes No

Preferred Cabin Mate: _____

(Please list no more than 2 people)

Title 20 Camper: Yes No

Camper Release Form and Health Form must be submitted with registration and payment by May 29.

Make checks payable to: *Southern Illinois 4-H Camp*

Mail Registration, Camper Release Form, Health Form and check to:

Your Local University of Illinois Extension Office

For assistance in locating your local office:

<http://web.extension.uiuc.edu/state/findoffice.html>