February 9, 2015

Dear 4-H Camper,

Junior High Adventure Camp is for 4-H members completing the 6th, 7th or 8th grades. We camp with the other counties in the Central Region the week of May 25-29, 2015 at the Clyde M. York Center in Crossville, TN. We will depart on Monday and return on Friday. In addition to enjoying all of our traditional camping activities like swimming, fishing, canoeing, kayaking, crafts, gau-gau, archery and rifle, this year we will go zip-lining and visit the Big South Fork Park. There are sports like basketball, volleyball, mini-golf, and games galore. Don’t forget summer fun on Thursday night where you have a choice of movie, swimming or the dance.

If you are making plans to attend complete the registration form on the back of this page and bring it along with the $300.00 camp fee (If you wish to participate in the camp payment plan, you can pay part of the fee at registration before March 23rd and the remaining on or before May 4, 2015.) To ensure you have a place at camp all fees must be paid in full by May 4th. Make checks or money orders payable to: University of Tennessee. If you would prefer to pay with a credit card, the camp fee will be $315.00. You will receive a complete packet of camp information at registration including a packing list, medical authorization form, and departure and return times. The cost of Junior High 4-H Camp includes transportation and T-shirt.

Registration will be accepted on a first come, first served basis until our quota of campers is filled. There will be NO REFUNDS after May 8, 2015.

If you have further questions, call the 4-H office at 563-2554 or visit our website cannon.tennessee.edu

We look forward to a fun week at 4-H Camp and hope you can join us!

Sincerely,

Sarah Malone
UT Extension Agent II
Junior High Adventure 4-H Camp
Registration Form

PLEASE PRINT

Child’s Name ____________________________________________

Age: _______ Grade As of 1/1/15: ________ Sex  F or M Race: ______________________

Street Address ___________________________________ City: ________________ Zip ________

Phone Number(s): __________________________ Email Address: __________________________

Name of Parent/Guardian: __________________________

School: ___________________________ Teacher: __________________________

Name of Parent/Guardian: __________________________

School: ___________________________ Teacher: __________________________

Circle T-shirt size (all sizes are adult) S  M  L  XL  XXL

To pay by credit card: https://secure.touchnet.com/C21610_ustores/web/product_detail.jsp?PRODUCTID=251

***Please list any allergies or special needs (physical, dietary restrictions, etc.)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

***Please notify agent of any allergies or special needs so we can make arrangements to accommodate your child***

Required Signature: ___________________________________  

Parent/Guardian

FOR OFFICE USE ONLY

Circle: Check, Cash, or Credit Card

Check #_______ Amount________

Circle: PAID IN FULL on date _________

OR … PAID 1st HALF on date_________

PAID 2nd HALF on date ___________