



2009 Summer Camp Youth and Adult Registration Form

June 8th - 12th



Indicate One: ADULT YOUTH COUNSELOR # of training hours _____

Name: _____ Gender: Male Female

Address: _____ County: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell Phone: _____

Email: _____ 4-H Age (youth only): _____

T-shirt Size: S M L XL XXL (Adult Sizes)

Emergency Contact Information:

Primary Contact: _____ Phone: (____) _____ Cell (____) _____

Secondary Contact: _____ Phone: (____) _____ Cell (____) _____

Tertiary Contact: _____ Phone: (____) _____ Cell (____) _____

Costs:

Include the **Registration Fee of \$175** with a completed registration packet and return to the Madison County Extension Office by 5pm May 22nd, 2009.

Checks must be made payable to: Madison County Program Account

Forms Needed:

Your registration must consist of these completed forms: registration, participation, dietary needs, medication administration, cabin assignment/graffiti policy, cell phone policy, camp release, and summer food service.

Registration Deadline:

All registration materials and payments must be received by **May 22nd, 2009**.

For More Information Contact:

Heather Johnson
Phone: 850-973-4138
Email: Hfjohnson@ufl.edu

Return/Send Registration Information to:

Madison County Extension
184 NW College Loop
Madison, Fl 32340

Please note the following:

Cell phones, MP3's, IPODs, Gameboys, and other electronics are not allowed at camp.
Neither the county nor the camp is responsible for lost, stolen or damaged items.

Refunds will not be given after the camper arrives at camp on Monday.