

# Application Form

Please use a separate application form for each camper

Camper Name: \_\_\_\_\_ Male Female

Parent/Guardian Name: \_\_\_\_\_

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

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Camper is a 4-H member? Y N

Age by date of attendance: \_\_\_\_\_ Entering grade: \_\_\_\_\_

This will be the child's 1st 2nd 3rd 4th 5th 6th 7th 8th 9th year at camp.

How did you hear about 4-H Camp Wabasso?  
\_\_\_\_\_  
\_\_\_\_\_

Where do you live? \_\_\_\_\_ Is parent a 4-H Camp Wabasso alumni?  
\_\_\_\_Farm \_\_\_\_Rural \_\_\_\_Village \_\_\_\_City Name \_\_\_\_\_

Ethnic background (optional) \_\_\_\_\_ Years \_\_\_\_\_  
\_\_\_\_\_ Email (optional) \_\_\_\_\_

Cabin mate requests for first-year campers will be given priority; others will be considered, but not guaranteed. Cabins are age-specific. Cabin mate request:  
\_\_\_\_\_  
\_\_\_\_\_

Which week(s) are you requesting? **Remember to send your application in by May 15 for the Early Bird rate!!**

Please check [www.cce.cornell.edu/jefferson](http://www.cce.cornell.edu/jefferson) for availability in your desired week, additional information about camp, and more.

**I will be attending day camp**       **I will be attending resident camp**

\_\_\_\_\_ Cloverbud June 30-July 1      \_\_\_\_\_ Week 3—July 19-24

(Resident camp only)

\_\_\_\_\_ Week 4—July 26-31

\_\_\_\_\_ Week 1—July 5-10

\_\_\_\_\_ Week 5—August 2-7

\_\_\_\_\_ Week 2—July 12-17

\_\_\_\_\_ Week 6—August 9-14

For rocketry class, please include the \$10.00 with your deposit and check here: \_\_\_\_\_

*Specialty classes may also have additional fees. Call 788-8450 for details.*

Pre-order your 4-H Camp Wabasso t-shirt for \$12.00. *Last day to guarantee your order is June 12, 2009. Please include the payment with your deposit.*

Circle your size Child: S M L Adult: S M L XL

Please enclose a **non-refundable deposit of \$100** and send to 4-H Camp Wabasso, Cornell Cooperative Extension of Jefferson County, 203 N. Hamilton St., Watertown, NY 13601. Check here to receive financial aid form. \_\_\_\_\_

*Please fill in amounts where applicable:*

I'm paying: \_\_\_\_\_ Deposit only or \_\_\_\_\_ Full payment

by \_\_\_\_\_ check \_\_\_\_\_ cash \_\_\_\_\_ Visa \_\_\_\_\_ Mastercard

Account number \_\_\_\_\_ Exp. date \_\_\_\_\_

Signature \_\_\_\_\_

Office Use Only  
Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Receipt: \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Receipt: \_\_\_\_\_