

Hidden Valley 4-H Camp 2008 Registration Form



Mail to:

**Hidden Valley 4-H Camp
323 Owego St., Unit 5
Montour Falls, NY 14865**



Please complete a separate form for each week your camper will attend — make copies as required.

Please place an X in the box to indicate the week your camper will attend camp. A separate form is not required for weekend stayovers. If camper is registering for CIT, please complete a form for each of the two weeks. Health information forms will be included with your confirmation packet.

	Week 1 (July 6-11)	Week 2 (July 13-18)	Weekend Stayover (Bet. 2-3)	Week 3 (July 20-25)	Week 4 (July 27- Aug. 1)	Weekend Stayover (Bet. 4-5)	Week 5 (August 3-8)	Week 6 (August 10-15)
RESIDENTIAL (Sunday-Friday)								
DAY CAMP (Monday-Friday)								

CAMPER NAME

PARENT/GUARDIAN NAME

MAILING ADDRESS

CITY	STATE	ZIP	WHAT COUNTY DO YOU LIVE IN?
HOME PHONE	<input type="checkbox"/> WORK/ <input type="checkbox"/> CELL/ <input type="checkbox"/> OTHER PHONE _____		

WHAT IS YOUR FAMILY EMAIL ADDRESS?

PLEASE LIST THE NAME, RELATIONSHIP TO CAMPER, AND CONTACT INFORMATION (PHONE, CELL PHONE) OF SOMEONE TO CONTACT IN THE EVENT OF AN EMERGENCY IF THE PARENT OR GUARDIAN LISTED ABOVE IS NOT AVAILABLE

CAMPER GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	CAMPER BIRTHDATE (MONTH, DATE, YEAR):	CAMPER'S AGE AT CAMP	CAMPER'S GRADE IN FALL 2008	IS CAMPER A 4-H MEMBER? <input type="checkbox"/> Yes <input type="checkbox"/> No	BEFORE 2008 CAMPER HAS BEEN TO HV4HC FOR _____ YEARS
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PLEASE INDICATE CAMPER'S ETHNICITY (FOR DEMOGRAPHIC PURPOSES ONLY):

CAUCASIAN AFRICAN AMERICAN NATIVE AMERICAN HISPANIC ASIAN AMERICAN MIXED

CABINMATE REQUEST: RESIDENTIAL (OVERNIGHT) CAMPERS MAY REQUEST TO BUNK WITH ONE OTHER CAMPER WHO IS THE SAME AGE, GRADE, AND GENDER. REQUESTS ARE NOT GUARANTEED

Please be sure to complete the back of this form! (Payment information and signatures)

CAMPER NAME: _____

Each registration must be accompanied by a deposit of **at least \$75** per week. All registrations must be paid in full no later than July 1, 2008.

REGISTRATION		
One Week of Residential Camp	\$260	
One Week of Residential Camp Paid IN FULL by 4/1/08	\$245	
One Week of Residential Camp for Schuyler County Residents	\$245	
One Week of Residential Camp, Schuyler Co. Resident Paid IN FULL by 4/1/08	\$230	
Week of Day Camp (No discounts apply to Day Camp)	\$125	
CIT Weeks 2-3 (Includes Weekend) No further discounts apply	\$540	
CIT Weeks 4-5 (Includes Weekend) No further discounts apply	\$540	
Write in the registration fee here: _____ →		

OPTIONS		
Weekend Fee 2-3	\$95	
Weekend Fee 4-5	\$95	
Cabin Photo	\$10	
Write in the total of options here: _____ →		
TOTAL AMOUNT DUE (REGISTRATION + OPTIONS):		
AMOUNT ENCLOSED:		

Please read and initial if in agreement:

Cornell Cooperative Extension is granted permission to use my child's photograph or image (including audio, film, digital image or any other media) for educational programs, web sites, or promotion of Extension programs.

Initial: _____

Conditions of Camper Registration:

Please Note: Camper registration will not be processed without a valid signature below

- I understand that all registration forms, health forms, and payments of all fees must be completed and received at the Camp Office no later than **July 1, 2008**.
- I understand that the deposit included with this registration form is non-refundable.
- I understand that all campers must follow Hidden Valley 4-H Camp rules. If a camper finds it difficult to adjust to camp, is disruptive, or infringes on the rights of others, the parent/guardian will be contacted to pick up their child. No refund will be given.

Signature of Parent/Guardian: _____ Date: _____