

TWIN LAKES 4-H CAMP ADULT CAMPER REGISTRATION

ADULT(S) RESPONSIBLE FOR CAMPERS: 1 ADULT PER 8 OR FEWER CAMPERS OVER AGE OF 8 AND 1 ADULT PER 4 OR FEWER CAMPERS AGES 5,6,7.

Please include all special talents, or applicable training and certification or first aid card

Dates of Session Attending	Special Dietary Needs Y or N	Adult Camper Name	Mailing Address (Street/P O Box) (City) (Zip)	Phone #	Been To Camp? Y or N	Payment Attached

Adult Camper Name	Training and Experience	Year of Training or Experience	Certification or Card (if any)

PLEASE INCLUDE ALL DIETARY NEEDS OF 4-H MEMBER/ADULT CAMPER

4-H Member Name/ Adult Camper Name	Explain Dietary Needs to help us provide foods you need or prefer. (Such as special diet, foods allergies, prefer vegetarian meals.)