



FAMILY REGISTRATION FORM

2018 CENTRAL AREA 4-H HORSE CAMP

Return with total fees (payable to University of Minnesota) to:
Lynn Watland, 27753 County Road 26, Browerville, MN 56438.

4-H MEMBERS (ENTER NAME YOU WISH TO BE CALLED BY)

4-H'ER NAME _____ M F GRADE THIS YEAR _____ AGE 6/7/18 _____

4-H'ER NAME _____ M F GRADE THIS YEAR _____ AGE 6/7/18 _____

4-H'ER NAME _____ M F GRADE THIS YEAR _____ AGE 6/7/18 _____

ADDRESS _____

CITY _____ ZIP _____

PHONE _____ CELL PHONE _____

COUNTY _____ (where enrolled in 4-H) #YEARS RIDING EXPERIENCE _____

EMAIL ADDRESS _____ (please print clearly)

ROOMMATE REQUESTS _____

ZIP LINE (or alternate activity) Yes _____ No _____ Names of all those wish to participate in this event:

Welcoming Committee _____ (Youth leaders, previously attended camp)

Check if this is your first time attending this camp _____

ADULTS

PARENT NAME(S) _____

NAMES OF ADULTS STAYING _____ BRINGING HORSE? _____

ACCOMMODATIONS REQUESTED FOR ADULTS (lodge/cabin or campsite) _____

ADULT MEALS IN DINING HALL (only if camping). Indicate day and quantity, such as "Fri breakfast—2"

TOTAL # OF HORSES BROUGHT BY FAMILY _____ (Adults _____ 4-H'ers _____)

ASSIGNMENT ADULTS WOULD LIKE:

Patrol at night _____ Games on Sunday _____ Picnic on Sunday _____
Chaperone in lodge/cabins (must be screened) _____ Set up eve snacks _____
Lifeguard _____ Trail ride supervisor _____ Maintain water bottles _____
Nurse (RN _____ LPN _____) EMT _____ Vet or Vet Tech _____ Other _____

Check-in & unloading _____ (must arrive by 10 am) Willing to use trailer for tack _____

Do any 4-H'ers have any special needs or concerns, physical or otherwise, that staff should be aware of?
(If so, please explain.) _____

FEES—4-H'ERS

QUANTITY X PRICE = TOTAL

4-H'ers in lodge/cabin Thursday-Sunday _____ x \$185.00 = _____
Zip line or alternate activity per person _____ x \$5.00 = _____

FEES—ADULTS

Adults in lodge/cabin Thursday-Sunday _____ x \$185.00 = _____
Adults Camping: (both Required)
Camp Fee-- per person **per night** _____ x \$7.50 = _____
Adult fee--per person **for weekend**) _____ x \$30.00 = _____
Zip line or alternate activity - per person _____ x \$5.00 = _____
Insurance - per adult _____ x \$2.00 = _____

**MEALS FOR THOSE NOT IN LODGE—INDICATE QUANTITY
(NO CHARGE FOR SUNDAY PICNIC)**

Breakfast _____ x \$7.00 = _____
Noon _____ x \$7.00 = _____
Supper _____ x \$7.00 = _____
Pizza Buffet - Adults camping ONLY _____ x \$7.00/person = _____
(included for those staying in lodge/cabin)

Total Amount Paid: _____

INSURANCE VERIFICATION (to be completed by county staff):

I hereby certify that _____ is covered by the 4-H insurance through
_____ County.

Insurance Company Name _____ Policy Number _____

4-H Program Coordinator Signature _____ Date _____