



4Clover 4-H Camp

June 12-14, 2024

WHO: 4-H Members 7 to 10 years of age

COUNSELORS: 14 and older

WHAT: Overnight 4-H Camp where youth will learn social skills, healthy living, enhance creativity and build friendships

WHEN: June 12-14, starting at 11am Wednesday and ending at 12:30pm Friday

WHERE: Dodge City Community College

COST: \$110 per camper includes, housing, 7 meals & 3 snacks, educational activities and recreational activities

REGISTRATION DUE: Friday, May 31st to your local Extension Office

BLAKE STANLEY MEMORIAL SCHOLARSHIP: Six \$50 scholarships will be provided to youth who complete a 250 word essay,(included with registration) that explains why they want to come to camp and could use some financial assistance.

ACTIVITIES INCLUDE:

STEM Activities

Crafts

Foods & Nutrition

Recycling

Fishing

Games

Animal Science Activities

Swimming at the Longbranch Lagoon

Ice Cream in a Bag

K-State Research and Extension is committed to providing equal opportunity for participation in all programs, services and activities. Program information may be available in languages other than English. Reasonable accommodations for persons with disabilities, including alternative means for communication (e.g., Braille, large print, audio tape, and American Sign Language) may be requested by contacting the event contact Sharon Erickson Fryback two weeks prior to the start of the event June 10th at 620-855-3821 or sharone@ksu.edu. Requests received after this date will be honored when it is feasible to do so. Language access services, such as interpretation or translation of vital information will be provided free of charge to limited English proficient individuals upon request.

**Kansas State University Agricultural Experiment Station and
Cooperative Extension Service**



Camper Name:

Circle one: Male Female Prefer not to respond

Birth Date: ____/____/____ **Age:** ____ **Grade Completed:** ____

Address: _____

City/State/Zip: _____

Parent/Guardian: _____

Home Phone: _____ **Cell Phone:** _____ **E-mail:** _____

Friends I would like to room with:

1. _____ 2. _____

Please ask that your friends to list you on their registration as well. Scheduling does not always permit groups or friends of different ages or counties to stay together. No more than two youth will be assigned a room, and no more than four youth will be assigned a suite. The staff will make reasonable efforts to house you with at least one of your choices.

Risk Management:

I am allergic to the following: _____

My Swimming abilities are: (please mark one)

_____ I need to stay in the shallow end.

_____ I can swim well enough to be in the deep end.

Special Needs Statement:

4-Clover 4-H Camp group strives to be all inclusive of youth. Safety of our participants is of utmost importance to us. Therefore, if your child works under an IEP (Individual Education Plan) during the school year for any reason emotional, social, behavioral or physical and/or requires one on one attention, we ask that you share this information with your local extension staff prior to sending your child to camp. This will allow us to come up with a plan of action that is best for your child and the entire camp group.

Campers Fee: \$110 4-H Camper \$115 Counselor and Adults

Camp fee includes lodging, meals, nurse, adult supervision, special programs, and the use of Dodge City Community College facilities.

Please make checks payable to: Your Local 4-H Council Enclosed is: (please check all that apply)

_____ \$110 Camper Fee

_____ \$115 Counselor Fee

_____ Camp Medication Forms