



Camp Cloverleaf Camper Application

June 29 – July 3, 2009



Camper's Name: _____ Gender: _____

Age (as of 9/1/08): _____ Birthdate: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell: _____

4-H Club Name: _____ 4-H Leader's Name: _____

Parent/Guardian's Name: _____

Parent/Guardian's Contact Info: Work Number: _____ Cell: _____

Camp T-shirt Size (Optional \$8.00 cost): S _____ M _____ L _____ XL _____ XXL _____

Special Scholarships/Financial Aid

(check all that apply and fill out appropriate forms)

Project/Record Book: (on list turned in by leader) _____ deduct \$25.00

*Project Name: _____

Free/Reduce Lunch _____ deduct \$28.28

*Food stamp recipients, AFDC, Free or Reduced Cost Lunch Program, you must complete and turn in required paperwork.

Camp Scholarship/Special Need:(**specify the amount needed here**) _____

Optional and additional: Cost for T-Shirt purchase of \$8.00 _____ (optional)

Total Camp Fee (amount paying to attend camp): \$ _____

*To determine the camp fee you owe, deduct the amounts provided above from the \$175 camp fee.

Registration fees must be personal check, money order or cashier's check, no cash please! No refunds will be given for cancellation after the registration deadline has past. Please make your check or money order payable to: Dade County 4-H Youth Foundation. Due May 28, 2009.

This form and other listed below should be completed and returned no later than, Thursday, May 28, 2009.

Please return to: 4-H International Mall Office, 1455 NW 107th Ave., Suite 906, Miami, FL 33172

- Camp/Scholarship/Special Needs Application
- Florida 4-H Participation Form (does not need to be notarized) please fill out completely
- Free/Reduce Lunch Program form
- Camper Fee

Registration Deadline is Friday, May 28, 2009!