



106 Ballard Extension Hall, Corvallis, OR 97331 – (541)737-4660
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Oregon 4-H Member Enrollment Form
4-H International Elementary School Summer Camp
 July 6 – 9, 2017 at Oregon 4-H Center, Salem Oregon

County: _____ Club/Activity 4-H: 4-H International Elementary School Summer Camp

New Enrollment Re-enrollment Youth Leader

Participant (please print): _____
 Last First Middle

Parent or Guardian: _____

Address: _____
 Street/Mailing Address City Zip Code

School: _____ Grade _____ Year in 4-H _____ Birth Date _____

Gender: Male Female Residence (select one) Farm Rural/10,000 Town/10 - 50,000
 Suburb/50,000 City/50,000

E-mail _____ Would you like to receive information via E-mail?

Cell Phone _____ Is it okay to text this number? Yes _____ No _____ List Cell Phone Carrier: _____

List any special accommodation for a disability to participate in this program. _____

Ethnicity (select one) Hispanic Non-Hispanic
 Race or auto-identification (select what applies) White African American Asian Alaskan/Native American
 Hawaiian/Pacific Island Prefer Not to State

Parent/Guardian 1 _____ Last, First	Parent/ Guardian 1 _____ Last, First
Address (if different) _____	Address (if different) _____
City _____ Zip Code _____	City _____ Zip Code _____
Main Phone _____ Work _____	Main Phone _____ Work _____
Cell Phone _____	Cell Phone _____
E-mail _____	E-mail _____
Occupation _____	Occupation _____
<input type="checkbox"/> Legal Guardian <input type="checkbox"/> Send Mailing	<input type="checkbox"/> Legal Guardian <input type="checkbox"/> Send Mailing

Member of Military? Yes _____ No _____ What Branch? _____ Reserve or Guard? _____

Project/Activity Name	Year in Project? Circle 1 if first time	Is project manual needed?	For office use only
4-H International Elementary Summer Camps	1 2 3 4 5 6 7 8 9 10 11 12	Yes _____ No <u>X</u>	

Payment Information

Registration Fee: **\$100.00**, if paid before July 1st \$ _____ Make Checks Payable to: **Oregon 4-H Foundation**
 Late fee after July 1st (\$10) more + \$ _____ Check or Money Order Number# :

TOTAL PAYMENT: \$ _____ Note: Attach your payment to this form with the selected amount you can pay.

Is your child in free or reduced lunch program in your school? Yes _____ No _____
 Contact your County 4-H Extension Educator to check for availability of camperships/scholarship for this camp.

Mail Application to: Jaime Guillen OSU 4-H Outreach, 106 Ballard Extension Hall, Corvallis, OR 97331

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