



Wisconsin 4-H
Division of Extension

Winnebago County 4-H Cloverbud Camp

Tuesday, July 15, 2025

For all youth in 5 year old Kindergarten through second grade
2024-2025 school year

Date: _____ Camper Name: _____

Address: _____ City, State & Zip _____

Home Phone: _____ Cell Phone _____

Age: _____ Date of Birth: ____/____/____ M or F (Circle one) Grade: _____

2024-2025 School Year

E-Mail Address: _____

4-H Member: ☐ Yes ☐ No 4-H Club Name: _____

WHEN: Tuesday, July 15, 8:00am-4:00pm

WHERE: Menominee Park, Kiwanis Shelter #1

COST: \$30.00 per camper - Includes lunch, snacks, all supplies, programs and T-Shirt.

ACTIVITIES: Songs, games, crafts, and so much more!

Residence (check one):

1. ☐ Farm 2. ☐ Rural/10,000 3. ☐ Town/10,000-50,000 4. ☐ Suburbs/50,000> 5. ☐ City/50,000>

Ethnic (check one): 1. ☐ Hispanic 2. ☐ Not Hispanic

Race (check all that apply): 1. ☐ White 2. ☐ Black 3. ☐ Alaskan/American Indian 4. ☐ Asian
5. ☐ Hawaiian/Pacific Islander 6. ☐ Two or more

T-Shirt – Youth Sizes Only: Small _____ Medium _____ Large _____ X-Large _____

I require an accommodation for a disability to participate in this program. ☐ Yes ☐ No

Please note that Winnebago County UW-Extension may be taking videos and pictures of the participants at this event. UW-Extension will use these videos and pictures in a manner consistent with UW-Extension's mission. Your attendance at these events indicates your consent for your image to be recorded and used in this manner.

My child has my permission to attend 4-H Cloverbud Day Camp from Tuesday, July 15, 2025.

Parent/Guardian Print: _____ Parent/Guardian Signature: _____

To guarantee a spot at camp, return this form with the \$30 per camper fee by Wednesday, June 25, 2025

Make check payable to: Winnebago County 4-H Leaders Association

Return to: **Extension- Winnebago County, Cloverbud Camp Registration, 625 E Cty Rd Y, Suite 600,
Oshkosh WI 54901**

NOTE: Entire camp fee is returnable if cancellation is made **15 days before camp**. No refunds will be made for cancellations after that except for medical or family emergencies. All information on this form will be kept confidential with the Camp Staff and Camp Volunteers.

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_____ Payment received

_____ Check #