



Wisconsin 4-H
Division of Extension

Winnebago County 4-H Cloverbud Camp

Thursday July 16, 2026

For all youth in 5 year old Kindergarten through second grade
2025-2026 school year

Date: _____ Camper Name: _____

Address: _____ City, State & Zip _____

Home Phone: _____ Cell Phone _____

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

2025-2026 School Year

E-Mail Address: _____

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

WHEN: Thursday July 16, 8:00am-4:00pm

WHERE: Winnebago County Park 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 Thursday, July 16th 2

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

To guarantee a spot at camp, return this form with the \$30 per camper fee by Thursday, June 25, 2026

*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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For Office Use Only

_____ Payment received

_____ Check #