



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: ____/____/____ Sex: _____ 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 Extension***

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.

The University of Wisconsin-Madison Division of Extension provides affirmative action and equal opportunity in education, programming and employment for all qualified persons regardless of race, color, gender, creed, disability, religion, national origin, ancestry, age, sexual orientation, pregnancy, marital or parental, arrest or conviction record or veteran status.

For Office Use Only	
_____	Payment received
_____	Check #