

PASSPORT TO THE WORLD CAMP REGISTRATION

July 23 – 25, 2008

«4H Membership **NOT REQUIRED**»

This form and the health form must be completed and signed for each participant by the parent/guardian. For additional information or if you have special dietary needs or require reasonable accommodations please contact the State 4-H Office at 217-244-6218. If paying by check, make payable to: **University of Illinois** and send to: **Bill Million, State 4-H Office, 1902 Fox Drive, Suite A, Champaign, IL 61820**

Circle: MALE FEMALE Age (as of July 1, 2008) _____

For return correspondence, PLEASE PRINT LEGIBLY

Camper's Name _____
(First) (Last)

County of Residence _____ Current 4-H Member? YES NO

Parent/Guardian Name _____

Parent/Guardian Address _____
(Street) (City) (State) (Zip)

Home Phone _____ Work Phone _____ Cell _____

Other Contact (if parent unavailable) _____ Phone _____

Email address, if you wish to receive email correspondence _____
One cabin mate request *please* _____

Camp Fee: Passport to the world Camp Fee is \$115.00/person. This fee covers the following: meals, lodging, staff and support materials, and health insurance.

Parental/Guardian Authorization:

I have reviewed the camp program and have read the Code of Conduct for 4-H Events & Activities and give permission for my child to participate in the Illinois 4-H Passport to the World Camp. I also understand that if my child does not follow the Code of Conduct, s/he may be asked to leave the camp. I further agree to be responsible for removing my child immediately from the Conference if this becomes necessary.

I realize that videotape and photographs will be taken at this event. I do hereby consent and agree that Illinois 4-H and its staff has the right to print photographs and take videotape and to use these for educational and promotional purposes. I further consent that my child's name and identity may be revealed therein or by descriptive text or commentary. I agree that any uses described herein may be made without compensation or additional consideration of me. I represent that I have read and understand the foregoing statements and am competent to execute this agreement.

Parent/Guardian Name: (please print) _____

Parent/Guardian Signature: _____ Date: _____

Delegates:

As a delegate to the Illinois 4-H Passport to the World Camp, I have read the list of regulations that will be in effect and agree to abide by them. I realize that my room and personal items may be inspected by 4-H officials as a condition of participating in the 4-H program and agree to cooperate with such inspections.

I realize that videotape and photographs will be taken at this event. I do hereby consent and agree that Illinois 4-H and its staff has the right to print photographs and take videotape and to use these for educational and promotional purposes. I further consent that my name and identity may be revealed therein or by descriptive text or commentary. I agree that any uses described herein may be made without compensation or additional consideration of me. I represent that I have read and understand the foregoing statements and am competent to execute this agreement.

Delegate Signature: _____ Date: _____

REFUND POLICY

Cancellations prior to the June 30th registration deadline will receive a full refund.

Cancellations made between July 1 - 20 will receive a 50% refund (\$57.50).

No refunds will be issued for cancellations received after 5:00 p.m. on July 20.

All cancellations and refund requests must be received IN WRITING by the State 4-H Office by 5:00 p.m. on the date specified in order to receive any portion of a refund. Requests may be faxed (217/333-9287) or e-mailed (dhorsch@uiuc.edu).