



2009 4-H CAMELID CAMP REGISTRATION FORM

June 19-21

Polk County Fairgrounds

Rickreall, Oregon



NAME: \_\_\_\_\_

Additional Family Members attending:  
\_\_\_\_\_  
\_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME OF 4-H CLUB: \_\_\_\_\_

In Case of emergency, contact: \_\_\_\_\_

Emergency Contact Phone Numbers: \_\_\_\_\_

DIETARY RESTRICTIONS/ALLERGIES: \_\_\_\_\_

\_\_\_\_ I/WE WON'T BE ARRIVING UNTIL SATURDAY MORNING

CAMP FEE \_\_\_\_\_ CAMPER(S) @ \$30 PER PERSON \$ \_\_\_\_\_

\_\_\_\_ I will be sleeping indoors No Charge

\_\_\_\_ I will be tent camping No Charge

\_\_\_\_ I will be RV camping with hook-ups \$15 PER NIGHT \_\_\_\_\_

TOTAL\$ \_\_\_\_\_

\_\_\_\_ MY DAD WILL BE JOINING US FOR SUNDAY BREAKFAST ONLY

PLEASE MAKE CHECK PAYABLE TO: POLK COUNTY LEADERS ASSOCIATION

MAIL TO: POLK COUNTY 4-H OFFICE, P.O. Box 640 Dallas, OR 97338

\_\_\_\_ STALL(S) Please indicate total number needed: \_\_\_\_\_

Each stall can house 2 adult llamas or 3 adult alpacas

\_\_\_\_ I would like to do a demonstration\* (Please list topic):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*If you are demonstrating a craft, please bring supplies to share with the group**

The undersigned agrees to release the Polk County Fairgrounds and all 4-H and camp personnel and volunteers from any and all responsibility for any loss, damage, or injury to any person, property, or animal during 4-H Camelid Camp.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Signature of parent or guardian if camper is under 18 years of age)