

Sasian summer July 19, 20 & 21 2019 Arrival time - 12 noon Kettunen Center 14901 Drive **Tustin, MI 49688**

Camp is open to Saginaw County Youth Ages 8 – 19 (age as of 1-1-19)

Openings for youth 15-19 to be camp counselors. Counselors need to contact Jan Wendland, 989-758-2500 by May 3, 2019. Counselors also need to attend a training meeting on May 16 at 6:30 p.m. place TBD. After applicants are accepted as a counselor, they can apply for a financial scholarship.

> Camp experiences include campfires, s'mores, nature trails, bird watching station, boating, crafts and private beach with 1/2 mile lake frontage for swimming

Camp Cost is \$80 before May 30 and \$100 from May 31 through June 27, 2019. Camp includes 2 nights and 3 days of camp fun. All meals and lodging included. (campers will provide sleeping bag to enhance the "camp" experience!)



Campers and Counselors must be in 4-H Online and paid for the 2018-19 4-H year to attend camp.

Participants are responsible for their own transportation to and from Kettunen Center.

Checks written to Saginaw County 4-H Leaders Advisory Board and mailed to MSUE, One Tuscola St., Suite 100A, Saginaw MI 48607, to secure your spot. Reservations must include registration form and personal data sheet and will not be considered until full payment is received.

Registrations are first come, first serve, so register early!

MSU is an affirmative-action, equal-opportunity employer, committed to achieving excellence through a diverse workforce and inclusive culture that encourages all people to reach their full potential. Michigan State University Extension programs and materials are open to all without regard to race, color, national origin, gender, gender identity, religion, age, height, weight, disability, political beliefs, sexual orientation, marital status, family status or veteran status. Accommodations for persons with disabilities may be requested by contacting MSU Extension - Saginaw County at (989) 758-2504 by April 21, 2017, to make arrangements. Requests received after this date will be fulfilled when possible.



Return this registration form, check and profile page to: Saginaw County 4-H Leaders Advisory Board c/o MSU Extension One Tuscola Street, Suite 100A Saginaw, MI 48607 Campers must also be in 4-H Online and paid for the 2018-19 4-H year to attend camp. Family Name and mailing address:______ Phone:_____Email:_____ Participant Name:______Age as of 1-1 18_____ Youth 15-19 interested in Camp Counselor? Yes No Does the camper have any special needs that we should be aware of (i.e. dietary restrictions, learning disabilities that require one-to-one support, medical conditions or activity restrictions? Name one person you would like to room with:______ 2019 Summer Camp Participant Name:______Age as of 1-1 18_____ Youth 15-19 interested in Camp Counselor? Yes No Does the camper have any special needs that we should be aware of (i.e. dietary restrictions, learning disabilities that require one-to-one support, medical conditions or activity restrictions? Name one person you would like to room with: 2019 Summer Camp Participant Name:______Age as of 1-1 18_____ Youth 15-19 interested in Camp Counselor? Yes No Does the camper have any special needs that we should be aware of (i.e. dietary restrictions, learning disabilities that require one-to-one support, medical conditions or activity restrictions? Name one person you would like to room with:

2019 Summer Camp



4-H Summer Camp / CloverBud Day Camp Personal Data Sheet June 24 or July 19-21, 2019

This Personal Data Sheet will be kept on file by the Camp program director in case of emergency during the program.

| Name | | | | | |
|---------------------------|------------------------|-------------------|---------------------|---|--|
| Last | | First | | Middle | |
| Age | Gender | Height | Weight | _Weight | |
| Indicate any spe | cial needs or health | n concerns: | | | |
| Please list any a | ctivities in which the | e child named abo | ove can not partici | pate due to these special needs or | |
| Health concerns | : | | | | |
| | | | [| | |
| Emergency Cor | ntact Information: | | | | |
| 1. Name | | | | | |
| Relationship | | | | PASTE COLOR | |
| Phone – Day <u>()</u> | | | | PHOTO HERE | |
| Phone – Evening <u>()</u> | | | | | |
| Cell phone/pager () | | | (Focus on | (Focus on face - similar to a passport photo) | |
| 2. Name | | | | | |
| Relationship | | | | | |
| Phone – Day | <u>()</u> | | | | |
| Phone – Evening () | | | | | |
| Cell phone/pa | ager <u>()</u> | | | | |
| | | | | | |