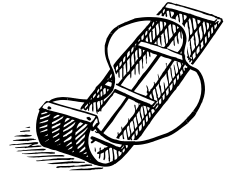




2019 4-H Winter Leadership Camp Youth Application



Name: _____ County: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Parent/Guardian Name(s) _____

Home Telephone Number: (____) _____ E-mail: _____

Grade in School: _____ Date of Birth: _____ Gender: ___ Female ___ Male Years in 4-H: _____

If not in 4-H, please list the UW-Extension program you are involved in and for how many years.

Parent's/Guardian's Signature _____

This leadership camp will focus on improving your leadership skills. Please answer the following questions, using the back of this page, if needed.

1. Why do you want to attend this camp?

2. What do you hope to learn at this camp?

Please list the name and address of two adults who can be contacted for a recommendation, at least one has to be a 4-H or Extension Leader. The other could be another 4-H leader, a teacher, neighbor, someone you work for (formally or informally), or any adult (not a parent or relative) who can talk about your leadership skills or potential.

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Do you require any special accommodations to participate in 4-H Winter Leadership Camp? (Any food allergies, special diet, medical concerns, etc.): _____

*If you require a special accommodation, we will contact you regarding your needs prior to camp.