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CAMP YOUR HEART OUT

FEBRUARY 13-14

Camp Out Information:

When: Starts: Feb. 13th, 6:00 p.m. Ends: Feb. 14th, 10:00 a.m.

Where: OSU Extension Office (location change)

Who: The retreat is open to enrolled 4-H members 13 years and older by Jan. 1, 2009.

What:

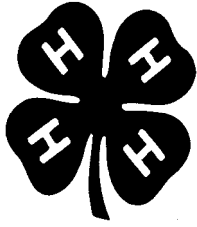
1. Activities have been planned for boys and girls attending the camp out including: archery, food science, geocaching and more.
2. The Tulsa County 4-H Officer Team will be presenting workshops.
3. You will need to bring a sleeping bag and pillow.
4. This event was originally scheduled to be held at the Baab Estates. It will now be held at the OSU Extension Office.
5. **You need to return the attached form along with the medical release and code of conduct forms to the 4-H Office by January 23, 2009.**
6. T-shirts and food are included in the registration costs.
7. Dress appropriately for outdoor events. Tennis shoes must be worn.
8. If your teenager would like to present a project workshop, contact Chrissy Whitten at 746-3719.

Cost: \$15.00/teen camper

Registration Due: January 23, 2009 by 4:30 p.m.



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CAMP YOUR HEART OUT

REGISTRATION FORM

Cost: \$15.00 per teen camper

Due: January 23, 2009



4-H Member's Name: _____

Address: _____ City _____ Zip _____

Phone Number: _____ Club Name _____ Age ____ Sex ____

Email Address: _____ T-shirt: AS AM AL AXL AXXL

- Has your teenager ever camped out? (circle one) Yes No
- Does your teenager have any allergies! (circle one) Yes No
If yes, explain on the request area.

Permission is given for my teenager to attend the Camp Your Heart Out – Teen Retreat and allow him/her to attend **workshops, camping, and all other activities** at the camp out.

Parent's signature

Date

Witness

Date

Request: For individuals with disabilities who require auxiliary aids or services for program participation, please identify the accommodation/service needed when submitting this form. Advance notice is necessary for effective service provision; it may not be possible to provide some aids and services with late notice. Reasonable effort will be made to accommodate individuals who request auxiliary aids or services.

Office Use Only:		
Amount Paid	Date Received:	RAM Form Received: