



UNIVERSITY OF
MARYLAND
 EXTENSION
Solutions in your community



**Maryland 4-H Youth Development
 Camp Staff Training
 Registration Form**
 Patuxent River 4-H Center
 February 26-28, 2010

Name: _____ County/City: _____

Circle One: Female/Male Age: _____ (Adult/Teen)

(If sending for entire camp/county/city. List Additional Names – M/F, Ages below)

Address: _____ City: _____

State: _____ Zip _____

Phone # _____ E-mail: _____

If a teen, please list Chaperon's Name: _____

Registration Fees:

- Entire Weekend: _____ (\$75) Includes: Lodging, meals, snacks, training materials
- Entire Weekend w/o Lodging: _____ (\$55) Includes: Meals, snacks, training materials
- Saturday/Sunday _____ (\$60) Includes: One night Lodging, meals, snacks, training materials
- Friday: _____ (\$30) Includes: Snack, Lodging, training materials
- Saturday: _____ (\$50) Includes: 2 meals (lunch & dinner) training materials
- Sunday: _____ (\$30) Includes: Lodging, Breakfast, training materials

Do you have any special needs: _____

Make checks payable to: Maryland 4-H Foundation

Send to: Maryland 4-H Center Attn: Debbie Frey
8020 Greenmead Drive
College Park, MD 20740

Registration Due: February 22, 2010

UME is collecting information in order to enroll you in the UME sponsored camp training. If you do not provide the requested information you and/or your child may not be able to attend nor receive the confirmation and materials listings. The information you provide may be shared with UME and short term appointed volunteers or instructors. Information provided to UME may also be shared among offices within the University and within the University System of Maryland and outside entities as necessary or appropriate in the conduct of legitimate University business and consistent with applicable law. Because the University is a State educational institution, such information may also be subject to disclosure under the Maryland Access to Public Records Act. Individuals may inspect and/or correct their personal information as provided by the "Public Records Act" and/or other applicable law or University policy.

Name: _____ County/City: _____
Circle One: Female/Male Age: _____ (Adult/Teen)
Address: _____ City: _____
State: MD__ Zip _____
Phone #_(____)____-____ E-mail: _____
If a teen, please list Chaperon's Name: _____

Name: _____ County/City: _____
Circle One: Female/Male Age: _____ (Adult/Teen)
Address: _____ City: _____
State: MD__ Zip _____
Phone #_(____)____-____ E-mail: _____
If a teen, please list Chaperon's Name: _____

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Circle One: Female/Male Age: _____ (Adult/Teen)
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Circle One: Female/Male Age: _____ (Adult/Teen)
Address: _____ City: _____
State: MD__ Zip _____
Phone #_(____)____-____ E-mail: _____
If a teen, please list Chaperon's Name: _____
