Washington County Summer Workshop Registration

Youth Name _____**County** _____

Age (as of 1/1/16) _____ **Is Youth a 4-H Member?** __ yes __ no **If yes, how many years?** _____

Emergency Contact_____ **Relationship** _____

Emergency Contact Phone Number _____

Parent/Guardian email _____

Youth's known allergies _____

Please CIRCLE all programs you would like to register for at this time

Rabbit & Poultry Clinic	Culinary College	Animal Science Day Camp	ACME Rug Workshop
Grow A Garden Project	MCC Culinary Institute Camp	Pinterest #1	Favorite Foods Day
Acrylic Painting	Robotics Workshop	Entomology	Floral Arrangement
Companion Animal Camp	Clover Kids	Yeast Breads	Pinterest #2
American Red Cross Pillowcase Project	American Red Cross Advanced Disaster Preparedness	Woodworking – Beginner	Woodworking – Advanced

*Most workshops fill on a first come, first serve basis. Register now!

Number of Camps Attending _____ **$ Amount Enclosed** _____

*Do not send cash. All checks payable to University of Nebraska-Lincoln.

Parent/Guardian Name_____ Date_____

Parent/Guardian Signature_____

To be completed by 4-H Extension Staff

Date received: _____ Paid:___ Amount received:_____

Registration Accepted: __yes __no