



TAKE A 4-H FRIEND,
MAKE A 4-H FRIEND

June 3-5, 2019
Camp Comeca



SHOOT FOR FUN!

Dawson County Extension Service
P. O. Box 757
Lexington, NE 68850



WHAT TO BRING:

Sleeping Bag or Bedding/Pillow
Toiletries (toothbrush, soap, etc.)
Towels, Wash Cloth
Lip Sync/Kitchen Band Ideas & Tapes
Ball Glove

Swim Suit (girls—1 piece suits only or
with T-shirt cover-up)
Comfortable Shoes/Shoes that can get wet
A 4-H Friend
ENTHUSIASM

WHAT NOT TO BRING:

Please do not bring extra food, pop, etc. No water guns, firecrackers, non-lip sync radios or sound equipment will be allowed in camp. No 2-piece swimsuits (unless wear T-shirt over it). **NO CELL PHONES!!! Exception: Cell phones will be permitted for photography session but must be checked in at registration time.**

DAWSON COUNTY 4-H CAMP

Discover the Fun by "Taking A 4-H Friend - Making A 4-H Friend"

Location: Camp Comeca (4 south, 3 west, 3/4 south of Cozad)

Cost: \$120.00 in advance (includes lodging, meals, snacks, craft & insurance)

Schedule: Check in: 10:00 - 10:30 a.m., Monday, June 3
Check out: 2:30 p.m., Wednesday, June 5

Camp T-Shirts will be available for purchase at the close of camp.

4-H Camp means New Friends and Outdoor Fun

- * canoeing & swimming
- * sports & Olympics
- * sleeping in cabins
- * lip sync & kitchen bands
- * campfires
- * Movie Night
- * Rock Wall Climbing



Extension staff and older 4-H'ers will serve as counselors and activity leaders. While carefully supervised, the management will be responsible only for exercising precaution consistent with camp management.

4-H CAMP AT A GLANCE

Theme: **Shoot for Fun**

Date: June 3 - 5, 2019

Cost: \$120.00

Location: Camp Comeca

Registration deadline: May 23

For: Fun 4-H'ers from 8 - 13 years of age



Clip & Mail by May 23rd

Name _____ Birthdate _____
Address _____ Town _____ Zip _____
Phone _____ Age _____ Sex: _____ Male _____ Female

... is in good physical condition, has no contagious or infectious disease and has not had any serious illness recently, does not have heart trouble, asthma, or other chronic disease except

I further give my consent that the camp administration may choose a physician when needed.

Head of Household _____

Parent Signature _____ Date _____

Enclose \$120.00 advance registration. **Make checks payable to the: University of Nebraska – Lincoln.**

Return to: Dawson County Extension Office at P.O. Box 757, Lexington, NE 68850-0757 or drop it off at the Extension Office located on the Dawson County Fairgrounds, 1002 Plum Creek Parkway.