

2012 Livestock Overnighter Registration Form
Deadline February 6th (extended)

Payment of \$15 per member and \$10 per parent plus Health/Code of Conduct Form must accompany this registration form.

Name: _____ Club: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____ Age as of Jan 1st _____

Staying Overnight? ___Y ___N

Names of Parents Attending: _____

Is there anything we should be aware of about your child that is not covered on the 4-H Health Form?

LIST ALL ALLERGIES HERE

Number of members at \$15 _____

Number of parents at \$10 _____

Total enclosed \$ _____

PLEASE MAKE CHECKS PAYABLE TO: KENT COUNTY 4-H LIVESTOCK COMMITTEE

Mail Registration, check, and Health/Code of Conduct Form to:

Livestock Overnighter

Kent County Extension Office

69 Transportation Circle, Dover, DE 19901

**ALL ADULTS STAYING OVERNIGHT MUST HAVE A COMPLETED
VOLUNTEER SCREENING APPLICATION ON FILE**