

4-H CAMP 2025

Adults needed to serve as chaperones at
4-H Summer Camp!

Dates: June 17th-20th, 2025

 Cooperative
Extension Service



Cooperative Extension Service

Agriculture and Natural Resources
Family and Consumer Sciences
4-H Youth Development
Community and Economic Development

MARTIN-GATTON COLLEGE OF AGRICULTURE, FOOD AND ENVIRONMENT

Educational programs of Kentucky Cooperative Extension serve all people regardless of economic or social status and will not discriminate on the basis of race, color, ethnic origin, national origin, creed, religion, political belief, sex, sexual orientation, gender identity, gender expression, pregnancy, marital status, genetic information, age, veteran status, physical or mental disability or reprisal or retaliation for prior civil rights activity. Reasonable accommodation of disability may be available with prior notice. Program information may be made available in languages other than English. University of Kentucky, Kentucky State University, U.S. Department of Agriculture, and Kentucky Counties, Cooperating.

Lexington, KY 40506



Disabilities
accommodated
with prior notification.

Mail camp application to:
LaRue County Extension Service
P.O. Box 210, Hodgenville, KY 42748-0210
or

Drop your application off at:
807 Old Elizabethtown Road, Hodgenville
(across from the Magnolia Bank)

4-H Online Enrollment must be completed for the 2024-2025 program year prior to 4-H camp registration. Enroll online at 4honline.com if you have not already done so. Adult volunteers must enroll in 4-H online as a volunteer.



**4-H Camp
June 17-20, 2025
At Lake Cumberland**



Adult's Name _____

_____ Male _____ Female

Address _____
STREET CITY KY ZIP CODE

Home Phone _____ Cell Phone _____

Work Phone _____

E-mail Address _____

Attended 4-H Camp Before?

Yes _____ No _____ Number of years as a camper _____ As a Volunteer _____

Adult's T-shirt size: (Please choose one)

- A. small A. Large A. XX-Large
 A. Medium A. X-Large A. XXX-Large



For Office Use Only	
Date Submitted	_____
Volunteer Packet Date Submitted	_____

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Disabilities accommodated with prior notification.