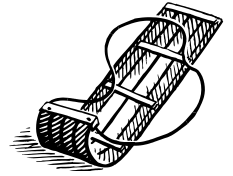




# 16 4-H Winter Leadership Camp Youth Application



Name: \_\_\_\_\_ County: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Grade in School: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_ Female \_\_\_ Male Years in 4-H: \_\_\_\_\_

If not in 4-H, please list the UW-Extension program you are involved in and for how many years.  
\_\_\_\_\_

**Parent's/Guardian's Signature** \_\_\_\_\_

This leadership camp will focus on improving your leadership skills. Please answer the following questions, using the back of this page, if needed.

1. Why do you want to attend this camp?

2. What do you hope to learn at this camp?

Please list the name and address of two adults who can be contacted for a recommendation, at least one has to be a 4-H or Extension Leader. The other could be another 4-H leader, a teacher, neighbor, someone you work for (formally or informally), or any adult (not a parent or relative) who can talk about your leadership skills or potential.

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Do you require any special accommodations to participate in 4-H Winter Leadership Camp? (Any food allergies, special diet, medical concerns, etc.): \_\_\_\_\_

\*If you require a special accommodation, we will contact you regarding your needs prior to camp.