

DAY 1 CAMP - THURSDAY

MOU 23

Youth entering 3rd-5th grade 9:00 AM - 4:00 PM

FEE: SHO

DAY 2 CAMP - FRIDAY

MOU 24

Youth ages 5-7 9:00 AM - 3:00 PM

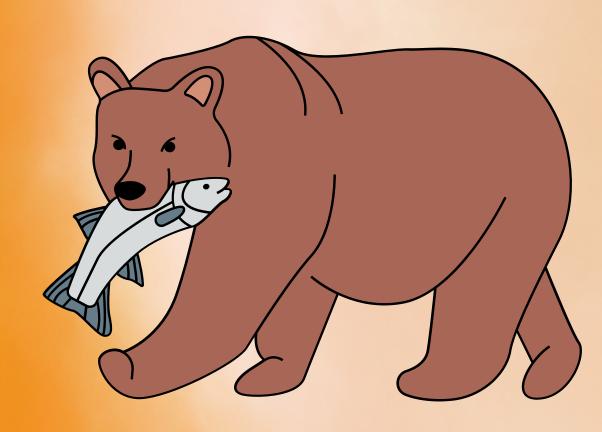
FEE: SHO

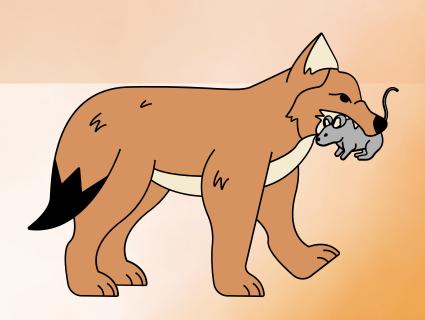


79 CAMP NORWESCA ROAD, CHADRON NE

Camp fees include facilities, lunch, snacks, activities & projects, t-shirt & insurance

REGISTRATIONS DUE MAY 3RD RETURN TO YOUR LOCAL EXTENSION OFFICE





For more information contact:

Dawes County: Kylin Munger, 4-H Asst. 432-3373
Sheridan County: Marie Nelson, 4-H Asst. 327-2312
Sioux County: Melissa Mracek, 4-H Educator 668-2428
Box Butte County: Ashley Fenning, 4-H Asst. 762-5616

kmunger2@unl.edu marie.nelson@unl.edu mmracek2@unl.edu astevens4@unl.edu

The University of Nebraska-Lincoln has a strong interest in protecting the safety of youth in all University-sponsored programs and events, including those offered by Nebraska Extension 4-H Youth Development. Therefore, in 2012, the University of Nebraska-Lincoln implemented a Youth Activity Safety Policy in order to provide a safe, educational and enjoyable activity/program experience for all participants. This policy provides minimum specific guidelines for activities sponsored by the University of Nebraska-Lincoln. The University reserves the right to discontinue an activity if it is found to be in violation of these policies.





WILDERNESS WONDERS 4-H CAMP

MIN 22III

Dawes County: Kylin Munger, 4-H Asst.

Box Butte County: Ashley Fenning, 4-H Asst.

Sheridan County: Marie Nelson, 4-H Asst.

Sioux County: Melissa Mracek, 4-H Educator

REGISTRATION FORM

MIN 24TH

kmunger2@unl.edu

mmracek2@unl.edu

astevens4@unl.edu

marie.nelson@unl.edu

Please return registration form with \$40 fee (payable to UNL Extension) AND Nebraska 4-H Participant Permission and Health form (if you are not already an enrolled 4-H member). This can be found on 4-HOnline you can visit this link:

boxbutte.unl.edu and download or contact your local 4-H Educator/Assistant for questions. Registration forms & Health forms are due by May 3, 2024 to: Your local county Extension Office.

432-3373

327-2312

668-2428

762-5616

Please Circle: MALE / FEMALE Camp Attending (please circle): **May 24 May 23** Name:_____ Age as of Jan. 01, 2024: _____ Grade Level for Fall 2024: _____ Mailing Address (address, city/st, zip): _____ Email Address:_____ **Emergency Phone** Phone Number:_____ Contact:_____ **T-shirt Size:** Allergies: Medications:_____ FEES: \$40.00 - Paid Camper fees include facilities, lunch, snacks, activities & projects t-shirt & insurance. Please Note: There will be a \$5 handling charge for all refunds. ALL PARENTS/GUARDIANS MUST READ, COMPLETE AND SIGN THE FOLLOWING: Nebraska Extension, Camp Norwesca, or any other associate involved will not be responsible for any accident, injury or loss to campers. The camper agrees to indemnify the camp and any sponsor against any claim or liability for damages caused by her/him. I give permission to use my child's name/photograph in publications, ads, news articles, videos, websites, or other electronic media pertaining to 4-H. Camper Signature:_____ Parent/Guardian Signature:_____



