



OFFICE USE ONLY

Status \_\_\_\_\_

Date \_\_\_\_\_

## STATES' 4-H INTERNATIONAL EXCHANGE PROGRAMS CAMP REQUEST FORM SUMMER INBOUND HOST FAMILY

Family Last Name \_\_\_\_\_ Delegate Name/ID Code \_\_\_\_\_ / \_\_\_\_\_

Current Street Address \_\_\_\_\_

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

Camp Name \_\_\_\_\_

Camp Address \_\_\_\_\_

Camp Tel. No. \_\_\_\_\_ Is this a 4-H Camp? Yes No

Dates of Camp \_\_\_\_\_ to \_\_\_\_\_ Cost \_\_\_\_\_

Description of Camp Activities \_\_\_\_\_

\*Transportation to/from Camp (if known; check one)

Air                  Group Bus                  Family Vehicle                  Other: \_\_\_\_\_

Please attach copies of any additional required camp forms (registration, medicals, release forms, etc.)

I, the host parent, certify that all information provided in the Camp Request Form is correct and complete. I also understand that any changes in the information provided in the application must be reported to our 4-H State Coordinator.

\*It is fine if transportation plans are not confirmed at the time the form is submitted.

Host Parent Signature \_\_\_\_\_

Date \_\_\_\_\_