Registration Form

PARTICIPANT INFORMATION

Participant's Name:

□ M / □ F Grade 21-22 School Year: □ 6 □ 7 □ 8

Email address:

Address: _____

Street City State Zip Code

County you reside in:

DIETARY NEEDS

Dietary Needs: □ N/A □ YES

If yes, please indicate here.

EMERGENCY CONTACT

Name / Relationship: _____

Contact Number: _____

Method of Payment: □ Check □ Money Order

Make Payable to "Extension Activity Fund"

QUESTIONS / MAIL OR DROP OFF REGISTRATION FORMS & $65 FEE BY THE RANDALL COUNTY EXTENSION OFFICE

Must be received by Thursday, July 15, 2021

SUBMIT TO:

Herbert F. & Jeannie Kuhlman Extension Center
% Senior Camp
200 North Brown Road
Canyon, Texas 79015

Kelli Lehman
County Extension Agent – Family & Community Health, Randall County
klehman@ag.tamu.edu 806.468.5543 http://randall.agrilife.org/

MEDIA RELEASE

In the event photographs, slides, or video tapes are made of said minor child, I/we consent to the release of those photographs, slides or video to Texas A&M AgriLife Extension Service and the Texas A&M and may be used in future program marketing materials.

_____ Yes _____ No

_____ Date _____ _____ Date _____

Signature of Parent Signature of Participant