



4-H State Fashion Camp January 25-27, 2019



Return the Registration Form and your **\$40 Deposit** to the 4-H Office **by Friday, November 16, 2018**. You can bring it to the St. Charles 4-H Office at 1313 Paul Maillard Rd.; Suite E; Luling (located in the CVS Shopping Center). If you are mailing payment, it should be **received** by the deadline date. Payment and application can be mailed to the following **mailing address**: St. Charles 4-H, P.O. Box 1766, Luling, LA 70070

St. Charles Parish is able to take two 4-H members to the 4-H State Fashion Camp at Camp Grant Walker in Pollock, Louisiana. Campers must be 10 – 13 years old to attend the camp. Campers who attend the camp will learn how to make various items by enhancing their sewing skills.

If too many members register for the camp, the following procedure will be followed in assigning spaces: first choice will be given to members who have participated in previous 4-H sponsored sewing workshops, contests, and/or projects, second choice will be given to outstanding and active members from the previous year. Overall preference will go to members who have not already attended.

The basic cost for Camp is \$80. This includes your camp fees, meals, lodging, a t-shirt, and some supplies needed for the workshops. Those children who are selected will also be responsible for **1-2 meals while in travel as well as a few supplies not covered by the basic fee.** Travel to the event will be the responsibility of the participant if volunteers and/or parish staff are unable to provide carpooling services. Friday night accommodations are available—which will be discussed with the selected campers and their parents.

If you are interested in attending Camp this January, you need to complete the Camp Registration Form and return it by **Friday, November 16, 2018** to the 4-H Office. You must include a **\$40 deposit** with your application. Your deposit will be deducted from your total Camp fees. This deposit for the selected member is not refundable if he/she is selected and does not attend Camp!

Once you have sent in your Registration Form, you will receive a letter from the 4-H Office. This letter will contain important information about Camp as well as a Health Form for your child that you will have to complete and return to the 4-H Office. If you have problems affording the cost of Camp, this letter will also give you the option to discuss a payment plan with the 4-H Agent.

If you have any questions about 4-H State Fashion Camp, please contact me at the 4-H Office at 985-785-4473 or via e-mail at kzammit@agcenter.lsu.edu. I hope that you will consider spending an exciting adventure at 4-H State Fashion Camp!

Kali B. Zammit
Extension Agent
4-H Youth Development
St. Charles Parish

4-H STATE FASHION CAMP APPLICATION



*PLEASE PRINT! Return the form and \$40.00 deposit by **Friday, November 16, 2018** to the 4-H Office!

**Fees should be paid by check or money order: Make Check or Money Order payable to: St. Charles 4-H Foundation. NOTE: Only a \$40 deposit is due by Friday, November 16, 2018!

Child's Name _____

Age: _____ Gender: _____ Race: _____ School _____ Grade _____

E-mail address: _____ (supply list will be sent to this address)

Mailing Address _____

_____ Zip Code: _____

Phone (home, cell) _____ T-shirt Size (Adult size): _____

Preferred INITIAL for monogram (one letter) _____ Hip Measurement _____ Waist _____

Emergency Contact Name and Numbers: _____

Allergies/Special Needs: _____

Sewing Skill Level (circle one): new beginner advanced

List the sewing projects/activities that you have completed within the last year:

Participation Agreement: I give my child _____ permission to attend State 4-H Fashion Camp if he/she is selected to attend. I acknowledge that I am financially responsible for all fees associated with the event as well as providing transportation if needed.

Parent/Guardian's Signature

Financial Concern: If you have a concern with paying for your child to attend 4-H State Fashion Camp, you may choose to discuss your situation with the 4-H Agent.

(Please check if this applies):

_____ I would like to discuss a payment plan with you. Please call me at (_____) _____

Parent/Guardian's Signature



**Cooperative Extension Service
St Charles Parish**
1313 Paul Maillard Road, Suite E
Post Office Box 1766
Luling, Louisiana 70070
(985)785-4473
Fax: (985)785-4475
E-mail: stcharles@agcenter.lsu.edu

St. Charles Parish 4-H State Fashion Camp Participation Agreement

My child, _____, has my permission to participate in 4-H State Fashion Camp from January 25, 2019 through January 27, 2019. It is required that I pay a \$40.00 deposit to reserve my child’s spot to attend the trip. In the event my child is unable to attend the trip, he/she will forfeit the deposit if he/she is selected to attend. The basic fee for the trip is \$80.00. I understand that my child will be responsible for 1-2 meals while in travel as well as the cost of a few supplies not covered by the basic fee. I understand that the St. Charles 4-H Foundation is covering some of the cost of the trip. I also understand that my child may be traveling in vehicles driven by volunteers and/or LSU AgCenter staff throughout the event. Travel to the event is the responsibility of the parent if volunteers and/or parish staff are unable to provide carpooling services.

My child is agreeing to participate in all required educational programs associated with 4-H State Fashion Camp. My child accepts and agrees to abide by all rules and regulations as stated in the 4-H Code of Conduct as well as any set forth during the 4-H event. Since this is an overnight event, I am agreeing that I am responsible for providing my child with any and all medical needs and/or medicines. In case of an accident, illness, or emergency, I am responsible for all fees. If for some reason the child needs to return home for medical or behavioral reasons, as stated in the code of conduct, travel home will be at the parent’s expense. By signing below, I acknowledge that I agree with the statement above and will abide by the conditions of this event.

Signature of 4-H Member

Date

By signing below, I give my child permission to participate in the above listed event for St. Charles 4-H.

Signature of Parent/Guardian

Date

For the latest
research-based information
on just about anything,
visit our website:
www.LSUAgCenter.com