



St. John the Baptist Parish 4-H 2024 L.O.S.T Camp Registration Form

L.O.S.T. Camp Dates: July 30 – August 2, 2026

Cost of Camp:

☘ **\$150.00**, which includes lodging, meals, transportation, parish picture, and camp t-shirt.

*Space is limited and will be given on a first-come, first-serve basis. **The first deposit of \$75 is due April 1, 2026***

CAMPER INFORMATION

First Name	Last Name	Gender
Mailing Address (P.O. Box/Street)		
City	Zip Code	Grade (2025-2026 school year)
School Attending	Date of Birth	Age as of Jan 1, 2026

CAMP/PARISH T-SHIRT SIZE:

YS
 YM
 YL
 YXL
 AS
 AM
 AL
 XL
 2XL
 3XL

Parent/Guardian Name: _____

Parent/Guardian Email Address: _____

Parent/Guardian Phone Number: _____

Select which location you'd like the bus to pick you up from: West Bank _____ East Bank _____

CAMP STORE:

I am including \$_____ for my child to spend at the Grant Walker Camp Store. **Cannot exceed \$40**

Yes _____ **No** _____ if my child chooses to and can participate in the Outdoors Skills Track, which includes the use of bows.22 caliber rifles, and ATVs, he/she has my permission to participate under the supervision of certified instructors.

Yes _____ **No** _____ My child has my permission to participate in a 4-H Camp Grant Walker survey. All survey information will be confidential, and no names will be associated with the information.

Yes _____ **No** _____ I understand that my child, by participating in 4-H Summer Camp, may be photographed or videotaped for promotional or educational purposes.

NEW THIS YEAR! If multiple youth within a household attend camp, the registration cost is \$75/per additional child. The child must be within the same family account in 4-H Online and must complete a registration form.

Select Your Payment Method: Check _____ Money Order _____ Debit/Credit Card _____

Paying by Check or Money Order	Paying by Debit/Credit Card
Make all checks and money orders payable to: <b style="color: red; text-align: center;">St. John 4-H Foundation	Complete the following information and an electronic invoice will be emailed to pay. A 3.3% + 30 cents transaction fee will be applied.

Name of Cardholder: _____

Email Address: _____

Phone Number: _____

Mail all registration and health forms to: St. John Parish 4-H, P.O. Box 250, Edgard, LA 70049

You may withdraw your registration by April 1, 2026, for a full refund. After April 1, 2026, you will forfeit \$75 and can receive any additional funds available.