Hello Campers and Guardians/Parents,

Summertime is fast approaching and we are looking forward to a fun filled camp week June 28-July 2 at Cherry Lake. Campers have an exciting week of outdoor recreation and educational activities planned for them this summer. GIS/GPS and other new programs have been added to our traditional camp activities to capture the interest of our youth participants. There’s fun on the horizon and the theme of this summer’s camp is superheros! Enclosed you will find the necessary forms for camp. Please thoroughly read, complete, and return all forms included. A description of required forms is listed below. We appreciated your time and effort in this area!

*Please Note: All completed forms and camping fee must be received in the office on or before June 11th (but note camp spots fill fast on a first come, first serve basis).

Sincerely,

Renee’ L. Gore

4-H Extension Agent

Digital Signature
2010 Summer Camp
Youth and Adult Registration Form
June 28-July 2, 2010

Indicate One: □ ADULT □ YOUTH □ COUNSELOR

Name: ___________________________ Gender: □ Male □ Female

Address: ___________________________ County: ___________________________

City: ___________________________ State: _______ Zip: ______________

Phone: ___________________________ Cell Phone: ___________________________

Email: ___________________________ 4-H Age (youth only): __________

T-shirt Size: S M L XL XXL (Youth/Adult)

Please list one friend of the same sex you would like to be in the cabin with: ___________________________

Please number the classes 1-8 (1 would be your favorite choice, 8 least interesting option):

- Aquatic World
- Archery
- Photography
- Diggin’ in the Dirt
- GIS/GPS
- Teambuilding
- Canoeing/Kayaking
- Recreational line dancing

Emergency Contact Information:

Primary Contact: ___________________________ Phone: (____)___________ Cell (___)___________

Secondary Contact: ___________________________ Phone: (____)___________ Cell (___)___________

Tertiary Contact: ___________________________ Phone: (____)___________ Cell (___)___________

Costs:
Include the Registration Fee of $200 with a completed registration packet and return to the Baker County Extension Service by no later than June 11th. Checks must be made payable to: Baker County 4-H and we will have to make a copy of your driver’s license.

Forms Needed:
Your registration must consist of these completed forms: registration, participation, dietary needs, medication administration, cabin assignment/graffiti policy, cell phone policy, camp release, and summer food service.

Registration Deadline:
All registration materials and payments must be received by: June 11th, unless our spots fill before then!

Please note the following:
Cell phones, MP3’s, IPODs, Gameboys, and other electronics are not allowed at camp.
Neither the county nor the camp is responsible for lost, stolen or damaged items.

Refunds will not be given one week prior to departing for camp.
Florida 4-H Participation Form

**Note:** This form must be completed by the participant and/or parent or guardian in order to participate in the 4-H program. All items must be completed, even if the response is not applicable – indicate by using N/A (for example: no health insurance). This form must be present while traveling to, and during each event. Failure to complete this form in its entirety will result in the person being ineligible to participate in 4-H activities.

<table>
<thead>
<tr>
<th>Name:</th>
<th>Birth Date:</th>
<th>Age:</th>
<th>Gender:</th>
<th>Youth</th>
<th>Adult</th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last</td>
<td>First</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Home Address:</th>
<th>County/District</th>
<th>City, ST Zip:</th>
<th>Home Phone:</th>
<th>Work Phone:</th>
<th>Cell Phone:</th>
<th>Email:</th>
<th>Cell Phone:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Primary Emergency Contact:</th>
<th>Work Phone:</th>
<th>( )</th>
<th>Alternate Emergency Contact:</th>
<th>Phone:</th>
<th>( )</th>
</tr>
</thead>
</table>

| Name of Family Doctor: | Phone: | ( ) |

<table>
<thead>
<tr>
<th>Health Insurance Company:</th>
<th>Policy #:</th>
<th>Name of Insured:</th>
<th>Relationship to Participant:</th>
</tr>
</thead>
</table>

**HEALTH HISTORY**

Does the participant have, or at any time had, any of the following? Check “Yes” or “No” to each item. Please explain any “Yes” answers (noting the # of the item) in the space below or on an additional sheet of paper if necessary. Reporting conditions will not prevent a person from attending and will be kept confidential.

1) Asthma………………...……
2) Bronchitis…………….……...……
3) Convulsions………………...
4) Diabetes……………………..
5) Ear Infection…………….....……
6) Fainting………………...
7) Heart Condition……………
8) Headaches………………...
9) Hypoglycemia………………
10) Serious Insect Stings……
11) Wear Glasses………………
12) Wear Contact Lenses…...…...
13) Other Conditions……………
14) Penicillin Allergy……………....
15) Aspirin Allergy………………....
16) Tetanus Allergy………………
17) Other Drug Allergies……...
18) Food Allergies………………
19) Serious Ivy, Oak, or Sumac……
20) Other Allergies……………..….
21) Other Health Conditions…..…...

<table>
<thead>
<tr>
<th>Date of Last Tetanus Shot:</th>
<th></th>
</tr>
</thead>
</table>

The following over-the-counter medications may be administered to my child, without contacting me:

- Antihistamine
- Antacid
- Ibuprofen (Advil)
- Acetaminophen (Tylenol)
- Decongestant
- Dramamine
- Hydrocortisone
- Polysporin (topical antibiotics)

**PUBLICITY RELEASE**

I authorize UF IFAS Extension and the Florida 4-H Foundation or their assignees to record and photograph my image and/or voice (or that of my child, if under 18) for use in research, educational and promotional programs. I also recognize that these audio, video and image recordings are the property of UF IFAS Extension and/or the Florida 4-H Foundation.

- No, I do not authorize use of my – or my child’s – individual image or voice.
SURVEY & EVALUATION RELEASE

- I hereby establish my willingness to participate as an adult (i.e. 4-H Leader, other volunteer, parent/guardian, site manager, etc.) and give permission for my child (under 18 years of age) to complete surveys and evaluations that will be used to determine program effectiveness or to promote the program.
- I understand that participation in surveys and evaluations is voluntary and that my child and I may choose not to participate and may withdraw from surveys or evaluations without impact on my or my child’s eligibility to participate in the 4-H program.
- I understand that my child or I may be asked for consent before completing a survey or an evaluation.

☐ No, I am not willing to participate – or give permission for my child to participate – in any program evaluation.

FLORIDA 4-H EVENTS – YOUTH/ADULT CODE OF CONDUCT

As a participant in Florida 4-H events, I have the responsibility of representing Florida 4-H programs to the public. I am expected to conduct myself in a manner that will bring honor to me, my family and 4-H. To do that, I must:

1) Obey local, state and federal laws. Follow policies set for county, district, state or national 4-H youth programs. I am responsible to know the rules for the event.
2) Speak and act in a responsible, courteous, and respectful way.
3) Act responsibly to maintain a safe environment for all participants. Report threats to the wellbeing of a participant.
4) Know that the use or possession of tobacco, alcohol and illegal drugs is prohibited at all 4-H events.
5) Know that the possession or use of firearms is prohibited, except when part of an approved educational program.
6) Respect all persons, facilities and vehicles. I will be responsible for any damage caused resulting from my behavior. Know that harassment of any type is illegal.
7) Help others have a pleasant experience by making every attempt to include all participants in activities.
8) Be in the assigned program area (for example: dorms, cabins, programs, etc.) at all times. If I am unable to attend, I will tell the adult in charge.
9) Dress appropriately for each event.
10) Not use a cell phone during any scheduled events. I understand that abuse of this could lead to loss of cell phone privileges or confiscation of my phone.

PARTICIPANT: I have read the Florida 4-H Events Code of Conduct above and agree to live up to the expectations. I realize my failure to do so could result in a loss of privileges during the event and/or in the future.

Participant Signature ____________________________ Date ______________

VERIFICATION

I, ________________________________ (parent/guardian or adult participant) understand participants will be supervised and that, if serious illness or injury develops, medical and/or hospital care will be given. I hereby give my permission to the attending physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for my child or myself and affirm that the information set forth in the Health History is true and correct to the best of my knowledge and belief. I realize the event’s insurance will only cover a portion of the medical costs and I, or my personal insurance, may be responsible for the remaining expenses.

Parent/Guardian or Adult Participant Signature ____________________________ Date ______________

I have read and understand the Florida 4-H Events Youth/Adult Code of Conduct, Publicity Release and Survey & Evaluation Release.

Parent/Guardian or Adult Participant Signature ____________________________ Date ______________

I hereby release the Florida 4-H Foundation, local extension boards, the University of Florida, the State of Florida, and their agents, trustees, officers and employees, from all claims, demands, and causes of action of any kind, including claims of negligence, which may arise from participation of myself or my minor child in any Florida 4-H sponsored activity, and this release is specifically granted in consideration of the services, programs and activities being provided by Florida 4-H.

Parent/Guardian or Adult Participant Signature ____________________________ Date ______________

IFAS is an Equal Opportunity Employer authorized to provide research, educational information and other services only to individuals and institutions that function without regard to race, color, sex, sexual orientation, age, religion, handicap or national origin.

The 4-H name and emblem are protected under 18 U.S.C. 707

Revised 2/07
Directions for Florida 4-H Participation Form

This form is to be completed at least once per year for all 4-H members. Adults are required to use this form for state events and activities. All participants should review and update their form before each out-of-county event. Below are explanations for sections where questions are anticipated.

**Date of Birth and Age**: Optional for adults.

**Primary Emergency Contact**: Parent or Guardian of youth; Spouse, or other contact for adults.

**County/District**: Where participant is enrolled or registered for 4-H; not necessarily the county they live in.

**Home Address**: Participant’s primary mailing address.

**E-mail**: Optional, but useful for activity coordinators

**Alternate Emergency Contact**: Someone other than the Primary Emergency Contact. Please include their phone number to the right of their name.

**Family Doctor**: If consultation is needed, please include the doctor’s phone number to the right of their name.

**Name of Insured**: List the individual who the insurance is provided through. Relationship could be: self, father, mother, spouse, etc. Please note the event’s insurance will only cover a portion of the individual’s medical costs and you, or your personal insurance, may be responsible for additional expenses.

**Health History**: This section is important to help the activity coordinators and health care providers be aware of serious or special medical issues and diagnose problems. It is the parents’ or participants’ responsibility to keep this and other sections current. Please use the blank/lined section to provide details on any serious conditions that need explanation. **Be sure to include any medications the participant is currently using.**

**Publicity Release**: Only needs to be checked if the participant refuses to allow their voice or image to be recorded.

**Survey and Evaluation Release**: This permission only needs to be checked if the participant refuses to be involved in any program evaluation.

**Youth/Adult Code of Conduct**: All participants (regardless of age) must read and sign this section. Adults are included in this section for the purpose of maintaining effective role models and chaperones.

**Verification**: Must be signed by adult participants, parents, or guardians. Youth participants 18 years and older may sign, but a parent or guardian signature is preferred.

This form must be present for all participants at each event and while traveling to these events. Check with your County Extension Office for county specific information.

Revised 2/07
Florida 4-H Medication Form

Parent or Guardian: Please complete this form for any medication your child will be taking while attending any 4-H event, including non-prescription drugs, lotions, inhalers or any other items. This form must accompany your child’s medication for camp. Write your child’s name on a zip lock bag and place this form along with the medication inside the bag. Thanks!

4-Hers name: ________________________________
Parent/Guardian name: ________________________________
Address: ____________________________________________
Phone (day): ___________________________ Phone (evening): ___________________________
County/City: ____________________________ Gender: ________

The following will need to be completed for each medication your child will be taking while at any 4-H event, including non-prescription medications such as allergy medicine.

Medication name: ________________________________
Dosage: _________________________________________
Time of day for administration: ________________________________
Special instructions or warnings: _______________________________________

Medication name: ________________________________
Dosage: _________________________________________
Time of day for administration: ________________________________
Special instructions or warnings: _______________________________________

Medication name: ________________________________
Dosage: _________________________________________
Time of day for administration: ________________________________
Special instructions or warnings: _______________________________________

Medication name: ________________________________
Dosage: _________________________________________
Time of day for administration: ________________________________
Special instructions or warnings: _______________________________________

Medication name: ________________________________
Dosage: _________________________________________
Time of day for administration: ________________________________
Special instructions or warnings: _______________________________________
SPECIAL DIETARY NEEDS FORM

INSTRUCTIONS: The purpose of this form is to communicate special dietary needs, food allergies, etc. for any child, teen, or adult who will be attending 4-H camp.

Name: _____________________________
County: ____________________________

Check One:

☐ Camper (5-13 years old) ☐ Counselor –in-Training
☐ Teen Counselor (14-18 years old) ☐ Adult volunteer or Extension faculty/staff

In the space provided below, please list all food allergies for the person listed above and any necessary precautions that should be taken:

In the space below, indicate and food restrictions (non-allergy) for the person listed above and food substitutes that may be considered:
Cell Phone Policy Agreement Form

- Campers are not allowed to bring cell phones or any other electronic devices to camp.
- If a cell phone is brought with a camper it will be held by the County Agent until we return to the county office.

I, _______________________________, understand that I am not to bring a cell phone to camp.

_______________________________________      ___________________________
(Print name of 4-H'er)      (Date)

(Signature of 4-H'er)  (Date)

I know in this technology age it is difficult for youth to not be in contact via cell phone. Camp is a unique environment. We are trying to help youth develop life skills at camp including independence and self-reliance. Often times homesickness, which is a normal part of a week at camp, can be worsened by talking to mom and dad. We respect and appreciate the wonderful relationship youth and families have, but if our campers are to enjoy camp fully they must to able to develop this independence. If there is an emergency or we are concerned about the youth’s well-being, campers will be allowed to call home.

I, __________________________________, have read the above cell phone policy and agree to the guidelines stated, including that the cell phone will be taken to be returned at the conclusion of Camp if the policy is violated. I understand that if there is an emergency and I cannot reach my child on their cell phone, I may contact the camp (Insert your camps info).

_______________________________________       ____________________________
(Signature of Parent)     (Date)
Graffiti Policy Form

Graffiti is defined as words or images that are written, scratched, painted or sprayed on walls or surfaces.

Campers are not allowed to defame or deface **ANY** camp property. Campers/County will be held responsible for any and all graffiti and may be subject to any costs associated with the cleanup and/or repair of said graffiti.

I, ______________________________, understand
(4-H camper)
that I am not to deface or defame any camp property.

I, __________________________understand the above
(Parent/Legal Guardian)
4H graffiti policy.
HOW TO COMPLETE THE SUMMER FOOD SERVICE PROGRAM
MEAL BENEFIT INCOME ELIGIBILITY FORM
(For Camps and Closed Enrolled Sites)

Please complete the following form using the instructions below. Sign the form and return it to: [Name of Sponsor]
______________________________________________________________________________________.

If you need help, call [phone number of Sponsor]

Follow these instructions, if your household gets FOOD STAMPS, TANF or FDPIR:
Part 1: List participant’s name and a Food Stamp, TANF or FDPIR case number.
Part 2: Skip this part.
Part 3: Skip this part.
Part 4: Sign the form. A Social Security Number is not necessary.
Part 5: Answer this question if you choose to.

If you are applying on behalf of a FOSTER CHILD, use a separate application for each foster child and follow these instructions:
Part 1: Enter the child’s name.
Part 2: Please contact us at [phone number of Sponsor]
Part 3: Skip this part.
Part 4: Sign the form. A Social Security Number is not necessary.
Part 5: Answer this question if you choose to.

ALL OTHER HOUSEHOLDS, including WiC households, follow these instructions:
Part 1: List each participant’s name.
Part 2: Skip this part.
Part 3: Follow these instructions to report total household income from last month.
  Column A–Name: List the first and last name of each person living in your household, related or not (such as grandparents, other relatives, or friends who live with you). You must include yourself and all children living with you. Attach another sheet of paper if you need to.
  Column B–Gross income last month and how often it was received. Next to each person’s name, list each type of income received last month, and how often it was received. In Box 1, list the gross income each person earned from work. This is not the same as take-home pay. Gross income is the amount earned before taxes and other deductions. The amount should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often the person got it (weekly, every other week, twice a month, or monthly). In box 2, list the amount each person got last month from welfare, child support, alimony. In box 3, list Social Security, pensions, and retirement. In box 4, list ALL OTHER INCOME SOURCES including Worker’s Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran’s benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household. Report net income for self-owned business, farm, or rental income. Next to the amount, write how often the person got it. If you are in the Military Housing Privatization Initiative do not include this housing allowance.
  Column C–Check if no income: If the person does not have any income, check the box.
Part 4: An adult household member must sign the form and list his or her Social Security Number, or mark the box if he or she doesn’t have one.
Part 5: Answer this question if you choose to.

Privacy Act Statement: This explains how we will use the information you give us.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly.
**SUMMER FOOD SERVICE PROGRAM**  
**MEAL BENEFIT INCOME ELIGIBILITY FORM**  
(For Camps and Closed Enrolled Sites)  

**Part 1. Children enrolled in Camp or Closed Enrolled Sites.** (Use a separate application for each foster child)

<table>
<thead>
<tr>
<th>Names</th>
<th>Food Stamp, TANF or FDPIR case # (if any). Skip to Part 4 if you listed a case #.</th>
</tr>
</thead>
<tbody>
<tr>
<td>(First, Middle Initial, Last)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Part 2. Foster Child**

In certain cases, foster children are eligible for free and reduced-price meals regardless of household income. If foster children live with you, please contact [name of Sponsor] at [phone number]. Skip to Part 4.

**Part 3. Total Household Gross Income—You must tell us how much and how often**

**A. Name**  
(List everyone in household, including children)

<table>
<thead>
<tr>
<th>Name</th>
<th>Earnings from work before deductions</th>
<th>Welfare, child support, alimony</th>
<th>Social Security, pensions, retirement,</th>
<th>All Other Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jane Smith</td>
<td>$200/weekly</td>
<td>$150/weekly</td>
<td>$100/monthly</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$_<strong>/</strong>_____</td>
<td>$_<strong>/</strong>_____</td>
<td>$_<strong>/</strong>_____</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$_<strong>/</strong>_____</td>
<td>$_<strong>/</strong>_____</td>
<td>$_<strong>/</strong>_____</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$_<strong>/</strong>_____</td>
<td>$_<strong>/</strong>_____</td>
<td>$_<strong>/</strong>_____</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$_<strong>/</strong>_____</td>
<td>$_<strong>/</strong>_____</td>
<td>$_<strong>/</strong>_____</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$_<strong>/</strong>_____</td>
<td>$_<strong>/</strong>_____</td>
<td>$_<strong>/</strong>_____</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$_<strong>/</strong>_____</td>
<td>$_<strong>/</strong>_____</td>
<td>$_<strong>/</strong>_____</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$_<strong>/</strong>_____</td>
<td>$_<strong>/</strong>_____</td>
<td>$_<strong>/</strong>_____</td>
<td></td>
</tr>
</tbody>
</table>

**C. Check if NO income**

- [ ]

**Part 4. Signature and Social Security Number (Adult must sign)**

An adult household member must sign this form. If Part 3 is completed, the adult signing the form must also list his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)

I certify that all information on this form is true and that all income is reported. I understand that that this information is being given for the receipt of Federal funds. I understand that SFSP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.

Sign here: X______________________________Print name:_____________________________Date: ______________

Address:_______________________________________________________Phone Number:______________________

Social Security Number:  __ __ __ - __ __ - __ __ __ __  [ ] I do not have a Social Security Number

**Part 5. Participant’s ethnic and racial identities (optional)**

- Mark one ethnic identity:
  - [ ] Hispanic or Latino
  - [ ] Not Hispanic or Latino

- Mark one or more racial identities:
  - [ ] Asian
  - [ ] American Indian or Alaska Native
  - [ ] White
  - [ ] Native Hawaiian or Other Pacific Islander
  - [ ] Black or African American

Don’t fill out this part. This is for official use only.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12

Total Income: ____________ Per: [ ] Week, [ ] Every 2 Weeks, [ ] Twice A Month, [ ] Month, [ ] Year

Household size: ____________

Categorical Eligibility: ___  Date Withdrawn: ________  Eligibility: Free___  Reduced___  Denied___

Reason: ________________________________________________________________________________________

Temporary: Free_____  Reduced_____  Time Period: ___________________________ (expires after _____ days)

Determining Official’s Signature: __________________________ Date: ______________

Confirming Official’s Signature: __________________________ Date: ______________

Follow-up Official’s Signature: __________________________ Date: ______________
Privacy Act Statement: The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Food Stamp, Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for your child or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the Program.

Non-discrimination Statement: In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington DC 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.
FLORIDA INCOME ELIGIBILITY GUIDELINES
FOR FREE AND REDUCED PRICE MEALS
Effective from July 1, 2008, to June 30, 2009

Free Meal Scale is 130% of Federal Poverty Level

<table>
<thead>
<tr>
<th>Household size</th>
<th>Annual</th>
<th>Monthly</th>
<th>Twice Per Month</th>
<th>Every Two Weeks</th>
<th>Weekly</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>13,520</td>
<td>1,127</td>
<td>564</td>
<td>520</td>
<td>260</td>
</tr>
<tr>
<td>2</td>
<td>18,200</td>
<td>1,517</td>
<td>759</td>
<td>700</td>
<td>350</td>
</tr>
<tr>
<td>3</td>
<td>22,880</td>
<td>1,907</td>
<td>954</td>
<td>880</td>
<td>440</td>
</tr>
<tr>
<td>4</td>
<td>27,560</td>
<td>2,297</td>
<td>1,149</td>
<td>1,060</td>
<td>530</td>
</tr>
<tr>
<td>5</td>
<td>32,240</td>
<td>2,687</td>
<td>1,344</td>
<td>1,240</td>
<td>620</td>
</tr>
<tr>
<td>6</td>
<td>36,920</td>
<td>3,077</td>
<td>1,539</td>
<td>1,420</td>
<td>710</td>
</tr>
<tr>
<td>7</td>
<td>41,600</td>
<td>3,467</td>
<td>1,734</td>
<td>1,600</td>
<td>800</td>
</tr>
<tr>
<td>8</td>
<td>46,280</td>
<td>3,857</td>
<td>1,929</td>
<td>1,780</td>
<td>890</td>
</tr>
<tr>
<td>Each additional family member, add</td>
<td>4,680</td>
<td>390</td>
<td>195</td>
<td>180</td>
<td>90</td>
</tr>
</tbody>
</table>

Reduced Meal Scale is 185% of Federal Poverty Level

<table>
<thead>
<tr>
<th>Household size</th>
<th>Annual</th>
<th>Monthly</th>
<th>Twice Per Month</th>
<th>Every Two Weeks</th>
<th>Weekly</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>19,240</td>
<td>1,604</td>
<td>802</td>
<td>740</td>
<td>370</td>
</tr>
<tr>
<td>2</td>
<td>25,900</td>
<td>2,159</td>
<td>1,080</td>
<td>997</td>
<td>499</td>
</tr>
<tr>
<td>3</td>
<td>32,560</td>
<td>2,714</td>
<td>1,357</td>
<td>1,253</td>
<td>627</td>
</tr>
<tr>
<td>4</td>
<td>39,220</td>
<td>3,269</td>
<td>1,635</td>
<td>1,509</td>
<td>755</td>
</tr>
<tr>
<td>5</td>
<td>45,880</td>
<td>3,824</td>
<td>1,912</td>
<td>1,765</td>
<td>883</td>
</tr>
<tr>
<td>6</td>
<td>52,540</td>
<td>4,379</td>
<td>2,190</td>
<td>2,021</td>
<td>1,011</td>
</tr>
<tr>
<td>7</td>
<td>59,200</td>
<td>4,934</td>
<td>2,467</td>
<td>2,277</td>
<td>1,139</td>
</tr>
<tr>
<td>8</td>
<td>65,860</td>
<td>5,489</td>
<td>2,745</td>
<td>2,534</td>
<td>1,267</td>
</tr>
<tr>
<td>Each additional family member, add</td>
<td>6,660</td>
<td>555</td>
<td>278</td>
<td>257</td>
<td>129</td>
</tr>
</tbody>
</table>

To determine annual income:
- If you receive the income every week, multiply the total gross income by 52.
- If you receive the income every two weeks, multiply the total gross income by 26.
- If you receive the income twice a month, multiply the total gross income by 24.
- If you receive the income monthly, multiply the total gross income by 12.

Remember: The total income before taxes, social security, health benefits, union dues, or other deductions must be reported.
4-H Camp Packing Check List

SUGGESTED ITEMS FOR CAMP

Clothes should be modest and appropriate for active play in an outdoor setting.
1. Girls must wear one piece bathing suits,
   Boys are not allowed to wear Speedo swimsuits
2. No underwear of any kind showing (this includes bra straps), pants/shorts
   must be worn at reasonable waist length
3. No see through clothing without a shirt underneath
4. Shorts must be mid thigh or longer
5. No bare midriffs
6. Shirt sleeves must be at least 1 inch wide. (No spaghetti straps.)

Comfortable Clothes (appropriate for casual dress)
   ____ shorts, jeans, slacks, t-shirts (at least five (5) changes)
   ____ tennis shoes (or other closed toe shoes)
   ____ underclothing (at least five (5) changes)
   ____ one (1) sweater/light jacket/sweatshirt (for cool nights)
   ____ bathing suit / swim clothes
   ____ rain gear
   ____ socks
   ____ pajamas

Personal Articles
   ____ wash cloth
   ____ two (2) towels (swimming & bathing)
   ____ toothbrush, toothpaste
   ____ soap & shampoo
   ____ deodorant
   ____ shower shoes
   ____ comb or brush
   ____ insect repellant
   ____ plastic bag for dirty clothes
   ____ sunscreen

Bedding (for bunk-style beds)
   ____ pillow and case
   ____ two (2) sheets & light blanket or sleeping bag

Other items (optional) label items clearly with campers name
   ____ athletic attire (for sports)
   ____ water shoes
   ____ hat
   ____ alarm clock
   ____ pen, paper & stamps (there is a box for outgoing mail)
   ____ camera & film
   ____ water bottle (very important for hot days)
   ____ flashlight
   ____ sunglasses

HELPFUL HINTS:
✦ Do not bring expensive items to camp such a electronic games, jewelry, radios etc.
✦ Please try to pack all clothing in a small suitcase or duffel bag, in order to save time and space when loading the bus. Campers will have to carry their own suitcase to and from buses to cabins.
✦ No money, candy, gum, snacks, knives or fireworks should be taken to camp.
✦ For identification purposes, we encourage parents to mark initials or name of the child on all personal items.