



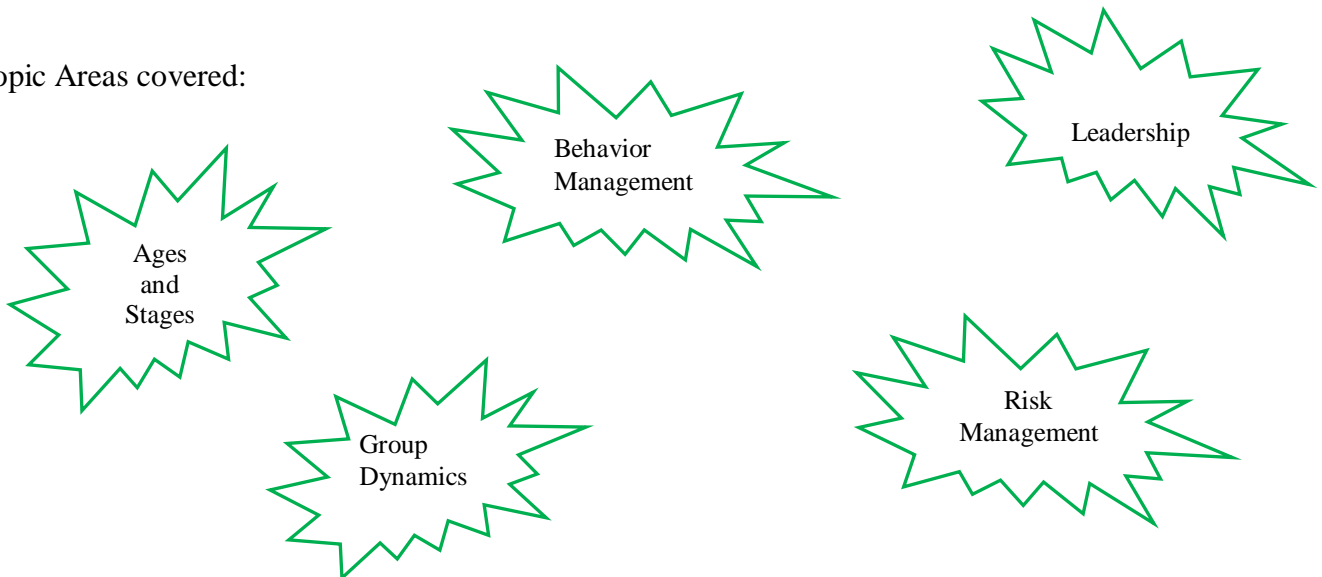
## 2017 Maryland 4-H Camp Staff Training Series

**March 25, Howard County Fairgrounds, 2210 Fairgrounds Road, West Friendship,  
April 8, Baltimore County Extension Office, 1114 Shawan Rd #2, Cockeysville  
May 13, Anne Arundel County Extension Office, 97 Dairy Lane, Gambrills**

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This year the Maryland 4-H Camp Action team is pleased to present three staff training workshops across the state of Maryland. Each session will be identical in content, so staff members from the same camping program may attend different sessions but receive similar information.

Topic Areas covered:



If you are a 4-H Volunteer or Teen Staff member who plans to volunteer with a 4-H Camping Program this summer or another 4-H summer program experience, we invite you to attend this training. New and returning participants will receive valuable information and training on a variety of subjects.

## REGISTRATION

The Registration Fee is **\$25.00**, which includes: lunch and program materials. **Registrations should be received in the State 4-H Office by the deadline.** *Cancellations received after the Registration Deadline will not be entitled to a refund – Substitutions are allowed up to 2 working days prior to the event.*

Please contact Amanda Wahle at [awahle@umd.edu](mailto:awahle@umd.edu) if you have any special accommodation needs or specific food needs/allergies. Contact should be made at least one week prior to the camp training session.

## Inclement Weather Policy

In the case of inclement weather please call 443-336-8093 after 7 am on the morning of the camp training session. A recorded message will be available with information about event cancellation. In the case of cancellation you will be contacted about a rescheduled date or refund of registration cost.

## QUESTIONS

Please contact Amanda Wahle at [awahle@umd.edu](mailto:awahle@umd.edu) if you have any questions regarding the camp staff training series.



## Maryland 4-H Camp Staff Training Series 2017 REGISTRATION FORM

**REGISTRATION:** Please complete this registration form and then send it via one of the following methods:

- **Email:** Send via email to: [awahle@umd.edu](mailto:awahle@umd.edu)
- **Fax:** (410)222-3909
- **Mail:** 4-H Camp Staff Training, 97 Dairy Lane, Gambrills  
MD 21054 ATTN: Amanda Wahle

**NOTE: If you fax or email your registration form, please DO NOT MAIL IT.**

**PAYMENT:** Payment may be made by check, credit card or FRS.

- Please make check payable to **Maryland 4-H Foundation** and either send with *mailed* form or bring to training if form is *faxed or emailed* (if you fax or email the form, please do not mail the original).

**Payment made by FRS: Indicate FRS # below and include AED Signature.**

**CONFIRMATION, CANCELLATIONS & QUESTIONS:** Registration Confirmations will be sent via email or fax. Cancellations received after the Registration Deadline will not be entitled to a refund – Substitutions are allowed up to 2 working days prior to the event. Questions regarding the educational materials available at the training may be directed to Amanda Wahle at (410) 222-3900.

**PARTICIPANT INFO** *(please type or print clearly)*

Name:		Camping	
Adult/Teen		Program/UME Unit:	
Phone Number:		If teen please include 4-H Age:	
Address (Street):		Email Address:	
		City, State, Zip:	

***Please indicate if you have a meal preference and any special needs you may have:***

- I prefer a Vegetarian lunch.       I have special needs (you will be contacted for details).

**REGISTRATION FEE** *(please check the box)*

- \$25.00** Fee includes Lunch & Program Materials.

**Please select site attending:**

- March 25, Howard County Fairgrounds, 2210 Fairgrounds Road, West Friendship,**
  - **(Registration Deadline – March 20<sup>th</sup>)**
- April 8, Baltimore County Extension Office, 1114 Shawan Rd #2, Cockeysville**
  - **(Registration Deadline- March 3<sup>rd</sup> )**
- May 13, Anne Arundel County Extension Office , 97 Dairy Lane, Gambrills**
  - **(Registration Deadline – May 8<sup>th</sup> )**

<b>PAYMENT</b>
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Check enclosed (*make payable to: Maryland 4-H Foundation*)

Credit Card

Circle One:

VISA

MasterCard

American Express

Discover

Name on Card: \_\_\_\_\_

Card number: \_\_\_\_\_

Card Expiration Date: \_\_\_\_\_

Security Number (3 digit code on back): \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_

*FRS Number:* \_\_\_\_\_ *AED/CED Signature* \_\_\_\_\_

***Equal Opportunity Programs***

State Office Use: <input type="checkbox"/> Entered <input type="checkbox"/> Confirmation <input type="checkbox"/> Paid Ck#
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