

**UNIVERSITY OF WISCONSIN 4-H/YOUTH DEVELOPMENT
2008 SPACE CAMP
PAYMENT INFORMATION**

Name: _____ County: _____

(Please print.)

Full payment of \$460 made payable to **UW Extension** must be postmarked by March 15.

_____ Full payment is enclosed: check or money order number _____.

_____ Our county 4-H office is sending our payment to the WI 4-H Youth Development Office.

Attach check or money order here } .

Name(s) of delegates this payment covers:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____

[FOR OFFICE USE ONLY: CHECK # _____ DATED _____ FOR \$ _____]

Must Be Postmarked by March 15, 2008

Mail to:

4-H Outreach, 431 Lowell Hall, 610 Langdon St., Madison, WI 53703-1195