



2008 Clover College Registration

Due March 21st

Code# 5446

Name _____ Grade _____ Phone _____

Address _____ Zip _____ Email _____

Please place a check mark beside the session(s) you plan to attend

9:00 a.m.-10:30 a.m.

- Pop Top Bracelets (3rd and up)
- Plant Propagation (3rd and up)
- Basic Electricity (4th and up)
- Livestock Skillathon (3rd and up)
- Cake Decorating Made Easy (3rd and up)

10:45 a.m.-12:15 p.m.

- Card Stamping (3rd and up)
- For the Birds (3rd and up)
- Blue Ribbon Cookies (3rd and up)
- Macrame Bracelets (5th and up)
- Rabbits (3rd and up)
- Demonstrations (3rd and up)

I have enclosed:

Admission 4-H Member (\$3) _____

Admission fee Non Member (\$5) _____

Total _____ Make checks payable to Marathon County 4-H

Mail to: 4-H Clover College, 212 River Dr. Suite 3, Wausau, WI 54403

Dog Project Registration Form

Registration Due April 1st

Return this form with a copy of Immunizations as stated in the WI Valley Fair Book - Current Rabies vaccinations and a signed copy of the Marathon County 4-H Dog Training Release Form (this can be found on the 4-H website under the Projects button).

Name _____ Grade _____ Phone _____

Parent Name _____ Email _____

Address _____ City _____ Zip _____

Dog's Name _____ Breed _____ Dog's Age _____

Place a checkmark by the sessions you will be attending:

Dog Project Workshop on April 12th Dog Project Workshop on May 10th

Summer Dog Project Sessions

If attending the Summer Dog Project Sessions, which sessions will you attend:

PreNovice (beginner) Novice & beyond Showmanship

Mail this form to: 4-H Dog Project, 212 River Dr. Suite 3, Wausau, WI 54403



Camp Susan Registration Form
Registration Due: May 31st
Code # 5400

YOUTH APPLICATION

Name _____ Gender _____ Grade _____ Club _____

Address _____ City _____ Zip _____

Parent /Guardian Name _____ Phone _____

Does this youth require a special accommodation to participate in any of the described activities?
___ Yes

If yes, please describe the accommodation that is needed. _____

ADULT APPLICATION

My parent/guardian is interested in being a chaperone at Camp Susan (all costs are paid)
___ Yes ___ No

Name of chaperone _____

Have you attended 4-H Leader Training ___ Yes ___ No

Check all areas you are certified in:

___ Water safety Instructor (WSI)

___ ARC Lifeguard (American Red Cross)

___ ARC First Aid

___ Cardio-Pulmonary Resuscitation (CPR)

Other _____

Amount due: \$40 per 4-H camper/\$45 non-4-H camper Amount enclosed _____

Make checks payable to: Marathon County 4-H
Mail to: 4-H Camp Susan, 212 River Dr. Suite 3, Wausau, WI 54403



4-H Camp Counselor Application

Application is due to the 4-H Office,
212 River Drive, Suite #3, Wausau, WI 54403,
By March 15th

Name _____ Grade _____

Address: _____ Gender: M or F (please circle)

Number of years in 4-H _____ 4-H Club: _____

Parent's Name(s): _____

- 1. Check all that you are interested in applying for:
 - Camp Susan (June 23 - 24, 2008) – Must be at least 8th grade
 - Camp Upham (July 16 - 19, 2008) – Must be at least 10th grade

Please answer the following questions on a separate piece of paper and attach to this form.

- 2. Why do you want to be a camp counselor?
- 3. Have you ever been a camp counselor? If yes, when & where?
- 4. What experiences have you had that will help you be a good counselor?
- 5. List and describe experiences you have had working with children:
- 6. Three words that describe you are: 1. _____ 2. _____ 3. _____
- 7. Check your skills/interests in the following areas, using an "L" if you are able to LEAD, "I" if you are interested, but have limited experience, or "U" if you are unable or unwilling to lead.

Arts & crafts Canoeing Nature Study Swimming Story telling
 Games Singing Drama/skit Dance

Sports you enjoy (list) _____

- 8. Check all areas you are certified in:
 - Water safety Instructor (WSI) ARC Lifeguard (American Red Cross)
 - ARC First Aid Cardio-Pulmonary Resuscitation (CPR)
 - Other _____

Applicant's Signature _____ Date _____

Parent/Guardian Signature _____ Date _____



Wisconsin State Fair Interest Form
Return this form by: April 1st

Name _____ Club/FFA Chapter _____

Address _____ Phone _____

Grade _____ Date of birth _____

My parent is would like to be a considered for a role as a chaperone at State Fair. (Not all parents can stay in the WSF dorms. Only 1 adult per 10 males/10 females are able to do so according to WSF rules. Adult chaperone teams will be responsible for the Marathon County delegation.)

Adult Name _____ Phone _____

Have you completed 4-H Volunteer training & screening? Yes _____ No _____

I am planning to participate in the following species areas:

	Number of animals	I will stay in dorm	
		Yes	No
Dairy			
Beef			
Swine			
Sheep			
Goats			
Horses			
Poultry			
Rabbits			
Other?			

Mail to: Marathon Co. 4-H, 212 River Dr. Suite 3, Wausau, WI 54403

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Northern Lights 4-H Goat Clinic Registration Form
Registration Due April 30th

Name _____ Phone _____

Parent/Guardian Name _____ Email _____

Address _____ City _____ Zip _____

Number Attending _____ Amount enclosed (\$3 per person) \$ _____

Make checks payable to NLGA

Mail to: Gerald Carey
D3586 Folz Rd
Stratford WI 54484

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