



Camp Sponsorship Form

Name: _____

Parents Name: _____

Address: _____

City: _____ State: _____ Zip: _____

4-H Club: _____ County: _____

What camp did you attend?

What did you learn from the Camping Experience? _____

I understand that I must tell at least one group of youth about my camping experience. I also understand that I must complete these tasks by September 30th of the current year to be eligible for the \$40.00 per person reimbursement.

4-H Member

I agree to provide support to assure that the above named 4-H member completes the minimum requirements to receive their scholarship.

4-H Leader

4-H Youth Program Advisor

Please return this form by September 30th.

Send to:
Lake County Leaders Association
1000 S Egan Ave
Madison, SD 57042

Phone: 605-256-7603
E-mail: Lake.County@sdstate.edu

To Make the Best Better!