



Reservation Form for 2010 Season

**DUE TO THE CAMP OFFICE BY OCTOBER 28, 2009
FOR FIRST ROUND OF SCHEDULING CONSIDERATION.**

Contact Person _____

Title _____

Company _____

Address _____

City _____ State _____ Zip Code _____

Office Phone _____ Cell _____

E-mail _____

Camp Name _____ Number of Campers _____

Type of group: Youth Adult Day-use Challenge Course ONLY
 4-H 4-H Youth
 FFA Other Adult
 Other

Dates*

1st Choice

Arrival: Day _____ Date ____/____/ 2010 Time ____:____ am/pm
 Check-out: Day _____ Date ____/____/ 2010 Time ____:____ am/pm

2nd Choice

Arrival: Day _____ Date ____/____/ 2010 Time ____:____ am/pm
 Check-out: Day _____ Date ____/____/ 2010 Time ____:____ am/pm

3rd Choice

Arrival: Day _____ Date ____/____/ 2010 Time ____:____ am/pm
 Check-out: Day _____ Date ____/____/ 2010 Time ____:____ am/pm

*Early entry is before 3:00 pm and late exit is after 12:00 pm. Please be sure all choices fit your schedule. **4-H, FFA and youth education groups** are given scheduling priority.

Does the camp want food service?

Yes No

FAX TO: (775) 588-5373

Attention: Beth Loureiro

AND mail original to:

Nevada State 4-H Camp, P.O. Box 6868, Stateline, NV 89449