**Northeast District 4-H Teen Retreat**

**March 17-19, 2017**

**Garner, NC**

Parents, please note that you *must submit a 4-H Enrollment Form and a Media Release form* to the Tyrrell Extension office in order for your child to participate in this event.

* Lodging provided by Hampton Inn 110 Drexmere Court Garner, NC
* Cost- $100 for youth ages 13 and older (as of January 1, 2017)
* Special Notes:
  + Tyrrell 4-H will provide transportation.
  + Cost includes transportation, lodging, activities and supplies, Saturday breakfast and dinner, and Sunday breakfast. Your child will need money for dinner on Friday, lunch on Saturday and lunch on Sunday.
  + Registration is due by February 10, 2017.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Male Female** (circle) Birth date: ­­\_\_\_\_ /\_\_\_\_ /\_\_\_\_

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

City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Youth Cell Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Special Dietary / Medical Restrictions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Roommate Preference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Track: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent**, by signing below, you are giving your child permission to participate in the above event. You are also indicating that you have reviewed and understand the 4-H Code of Conduct & Disciplinary Procedure and agree that your child is bound by its provisions.

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Collected in compliance with federal requirements intended to ensure equitable program administration and availability.

**Race or Ethnicity:**

\_\_\_White \_\_\_Black/African-American \_\_\_American Indian/Alaskan \_\_\_Asian

\_\_\_Native Hawaiian/Pacific Islander \_\_\_Hispanic/Latino \_\_\_Other