



Notice of Intent to Administer a Camp

Name of Trip: _____

4-H Program: _____

Number of Expected Participants: _____

Date of Camp: _____

Place of Camp: _____

Director of Camp with contact information: _____

Sponsoring Extension Staff Member: _____

Contact Information During Camp: _____

Return completed forms to: bachleda@wsu.edu or snoco.4h@wsu.edu

Or Mail to:

WSU Snohomish County 4-H
Attn: Phoebe
600 128th St SE
Everett, WA 98208

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