

Jefferson County Extension Service, 810 Barret Avenue, Louisville, KY 40204-1782
 Phone: (502) 569-2344 Fax: (502) 569-3958 <http://ces.ca.uky.edu/Jefferson>



DISTRICT 3 TEEN RETREAT: RESERVATION FORM

DATE: January 15-16 SITE: General Butler State Park COST: \$50.00

(Make check payable to "Jefferson County 4-H in Memo D3 Retreat)

DEADLINE: December 4, 2009

NAME	M/F	DISTRICT	COUNTY	County Use Only: PAID UNPAID
		3		Check Number: _____ Paid by: _____
Address:				
E-mail: (please print)				
Phone: (home)		Emergency Phone:		Alternate Parent Phone:
Shirt Size (circle one): Small Medium Large X-Large XX-Large				
Driving options:			Time	Site to Meet
I will be driving myself (arrival time by 5:30pm Friday)			5:30 pm EST	General Butler State Park
I would like to ride with another D3 Member				Who:
I will be coming late on Friday			When:	
I will be leaving the meeting early			When:	
Part-time Attendees: I am unable to attend the full meeting				
I will arrive (list day and time)				Date:
I will leave (list day and time)				Date:
I have enclosed:				
Completed Reservation Form				
Check payable to Jefferson County 4-H for \$50				

INSURANCE: We no longer purchase insurance for primary coverage. Your parents insurance will be primary in all instances. However, if you have a deductible that has not been met or have a co-pay policy our insurance will cover your out-of-pocket expense. This will only cover direct travel to and direct travel from the meeting. It does not cover anyone leaving a State Teen Council meeting to go participate in any other school, church, community or other 4-H activity, meeting or function nor when returning to a Council meeting from any of these.

I know I am responsible for complying with the Code of Conduct of the Council, including the time that I am to be in my assigned room each evening, and abiding by the rules of the meeting facility. I accept these responsibilities and pledge support for them. My parent or guardian is aware of these and has signed below to indicate knowledge about and support of these.

District 3 Teen		Date:
Parent/Guardian		Date:

Please mail this completed form to:
 Jefferson County Cooperative Extension Service
 ATTN: ASHLEY S. HOLT
 810 Barret Avenue
 Louisville, Ky 40204



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