



4-H CAMP APPLICATION

June 2-4, 2026

Beacon Bible Camp • Frazer, MT



WHO CAN GO TO CAMP?

If you are interested in attending 4-H Camp:

1. You must be currently enrolled in 4-H as a full-fledged member (not a Cloverbud) in Roosevelt, Valley, Daniels, Sheridan, or Richland County.
2. Applicants must be ages 8-12 by October 1, 2025.

APPLICATION PROCESS:

1. Complete the 4-H Camp Application Form.
2. Send this application **with the registration fee** to your local County Extension Office.
3. **Due by May 15, 2026.**
4. Update or complete code of conduct, media release and medical information on ZSuite by May 15.
5. Information regarding camp details (what to bring, where to meet, arrival times, etc.) will be mailed to each camper family after registration and are available on the camp web site.

REGISTRATION FEE:

\$80 Camper \$40 Counselor \$40 Leader

Make checks payable to: **Richland County 4-H Council**

NOTE: Valley County Campers:

Valley County 4-H Council will pay one-half of the registration.

Your half of the registration is payable to: VALLEY COUNTY 4-H.

CAMP LOCATION: The camp is located just 2 miles North of Frazer, MT.

NOTE - Camp will be filled on a first-come, first-served basis. The camp capacity is 60. Each camper accepted to camp will receive a confirmation letter after May 20th. It will include more details and a list of what to bring to camp.

**Camp will begin camp at 10:00 a.m. on June 2
Closing ceremony will be held at 4:00 p.m. June 4th.**



MEMBER INFORMATION:

Name: _____ Birth Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Email: _____

Age (as of today) _____ Male / Female/ Prefer not to state/ Gender not listed (please circle)

Parent/Guardian Name: _____

Parent/Guardian Phone Number: _____

T-SHIRT ORDER:

A souvenir t-shirt will be available for this year's 4-H camp. The t-shirt is included in the registration fee.

YOUTH SIZES

_____ Medium (10-12)
_____ Large (14-16)
_____ X-Large/Adult Small (18)

ADULT SIZES

_____ Medium _____ X-Large
_____ Large _____ XX-Large
_____ XXX-Large

CAMP INFORMATION:

Has your child attended an overnight camp before? Yes _____ No _____

Mark any of these supervised activities that will be at camp in which the camper is NOT allowed to participate:

_____ Swimming _____ Team Building
_____ Nature Hikes _____ Other activity not specified
_____ Archery Activity not allowed: (please state activity) _____

My Child has permission to engage in all camp activities except those noted above.

Parent/Guardian Signature: _____ **Date** _____

My child will be picked up by (adult picking up youth): _____
(If you do not know at this time, please be prepared to let camp staff and your agent know at the time of check in who will be picking up your child.)

Please list any allergies your child has:

Please list any medication your child will be bringing to camp:

For Office Use Only

Check# _____ **Cash** _____ **Amount** _____ **Date Received** _____