

Wahsega 4-H Center

Homeschool Days

Fall 2010 Registration Form



To register, mail this registration form and a check for the cost of the program to:

Wahsega 4-H Center
ATTN: EE Program Coordinator
Homeschool Days Registration
77 Cloverleaf Trail
Dahlonega, GA 30533

Attending parent(s)/guardian(s) name: _____

Student names & ages:

Home Phone: _____ Cell Phone: _____

Mailing Address: _____

County of Residence: _____ Email address: _____

Cabin preference? Circle any that apply.

Mother/Daughter *Mother/Son* *Father/Daughter* *Father/Son* *Family*

Do you know any participants you can share a cabin with? ___ Yes: ___ No

If yes, please tell us the names of those with whom you would like to share a cabin: _____

Dietary Restrictions:

Calculate the total amount due as follows:

\$104 per person

\$ 52 ages 3-5

Ages 2 and under are free.

 **Thank You!**