



## Hillsborough County 4-H Day Camp:



### ***4-H Strawberry Days***

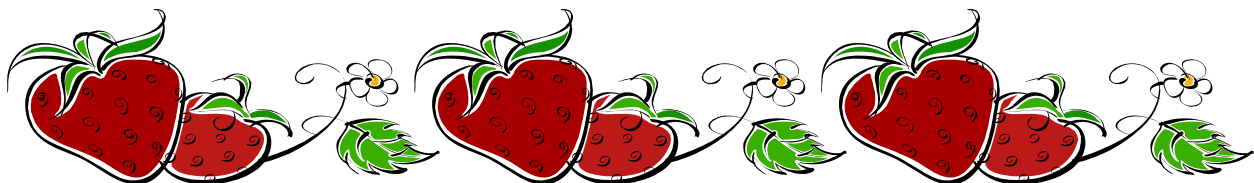
On **April 7 and 8, 2009**, the 4-H Strawberry Days day camp will be hosted by a partnership between the Hillsborough County 4-H Program and the Florida Strawberry Growers Association. This camp is a unique opportunity for students to view how a strawberry farm works and is maintained as well as pick and plant their own strawberries. Youth will also have the opportunity to learn about strawberry production, fun facts and they will enjoy a day filled with creating and eating a variety of strawberry recipes including strawberry pie and preserves!

The camp will be held at the Florida Strawberry Growers Association office located at: **13138 Lewis Gallagher Rd., Dover, FL 33527**, and will run **9:00 a.m. until 3:00 p.m.** Please make sure that you do not drop off your child prior to 8:45 a.m. and make sure that you check in with the 4-H staff prior to leaving. **The cost of the camp will be \$30**, which will cover:



- A day on a working strawberry farm.
- Materials to make strawberry treats
- Strawberry and 4-H Goodies

Remember to pack a lunch for each day, as one will not be provided. We are asking that each camper bring a pair of tennis shoes that can be worn at the strawberry field and a second pair of shoes that can be changed into when we leave the field. This camp requires that we leave the premises to travel to the strawberry farm, and each child participating must have a 4-H participant form on file in the 4-H Office. If you are unsure that you have this form on file it can be found at <http://hillsborough4h.ifas.ufl.edu/>. Please fill out the following page and return it to the Hillsborough County Extension Office no later than April 6, 2009, with fee enclosed. **Participation is limited to the first 15 applicants!**





# 4-H Strawberry Days Registration Form



Student's name: \_\_\_\_\_

Age: \_\_\_\_\_

Address:

\_\_\_\_\_

Parent Contact: Name: \_\_\_\_\_

Phone: \_\_\_\_\_

**\*\*Please list a phone number that you can be reached on during the camp for emergency reasons\*\***

Email: \_\_\_\_\_

Does your child have any food related allergies that we should be aware of when planning the treats that we will be preparing as part of camp?

\_\_\_\_\_

By signing this form I am acknowledging and consenting to the participation of my child in 4-H Strawberry Days day camp and to the transportation in a county vehicle to and from the strawberry farm.

Parent/Guardian

Signature \_\_\_\_\_

Please make checks payable to: Hillsborough County 4-H

Return this form and fee to: Hillsborough County Extension Service c/o

Hillsborough County 4-H - Holly Jordan

5339 S. County Rd. 579

Seffner, FL 33584-3334

