



**xtreme
cooperation**

BEADLE COUNTY FARMERS UNION CAMP

Both day's
activities run from
9:00 AM—5:00 PM

WHEN:
Tuesday,
July 22, 2008
Ages 6-9

Wednesday,
July 23, 2008
Ages 10-14

WHERE:

(LOCATION
INFORMATION IN
RIGHT SIDE BOX)



LOCATION:

SDFU STATE OFFICE
GARAGE
1410 DAKOTA AVE S
HURON, SD

FOR MORE INFORMATION CONTACT:

Jessica Hotchkiss at
352-6761 Ext 132 Daytime
354-0159 Evening
OR

SDFU Foundation at
1-888-734-8136,
Ext 112 or 125

www.sdfufoundation.org

Pre-registration is helpful!

Call 1.888.734.8136, Ext. 125
and be included in drawing for a desktop
computer at the end of summer.

FREE T-SHIRT

LEARN ABOUT COOPERATIVES

SINGING & CRAFTS

FARMERS UNION ACTIVITIES

COOPERATIVE GAMES

\$5.00 NON-MEMBER
REGISTRATION FEE

SNACK PROVIDED

BRING SACK LUNCH

TOUR: DAKOTALAND MUSEUM
SWIMMING/BRING SUIT/TOWEL

MEDICAL RELEASE FORM ON REVERSE SIDE
MUST BE COMPLETED &
SENT WITH YOUR CHILD TO CAMP

South Dakota Farmers Union Foundation
PO Box 1388/1410 Dakota S.
Huron, SD 57350
(605) 352-6761, FAX (605) 352-6768

Non-Profit Organization
U.S. POSTAGE PAID
Huron, SD 57350
Permit No. 206

EMERGENCY MEDICAL INFORMATION

Name _____ Date of Birth _____ M _____ F _____
Grade Completed in May _____ Age _____ County _____
Parent/Guardian Name _____
Address _____ City _____
Home Phone _____ Work Phone _____
Child's Social Security#(overnightcamping only) _____
Date of Child's Last Tetanus Shot _____ General Medical History _____
Insurance Company & Address _____
Insurance Policy# _____ Phone _____
Additional Comments _____

Name _____ is attending _____ Camp on (Date) _____

I give my permission to have him/her treated by a medical doctor in case of serious injury or illness. I understand that he/she will be properly supervised by your staff while participating in all camp events. The South Dakota Farmers Union Foundation is not liable for any accident or injury. I also understand that photos taken may be used for future South Dakota Farmers Union Foundation promotional material.

(Feel free to make copies of Registration/Medical Form as needed or answer all questions on plain paper.)

Parent or Guardian Signature _____