



**xtreme
cooperation**

DAVISON COUNTY FARMERS UNION CAMP

WHEN:

**Thursday
June 19th, 2008
10:00AM - 4:00PM**

**Central Electric
Cooperative
Mitchell, SD**

WHERE:



FOR MORE INFORMATION CONTACT:

**Nancy Mueller at
1.605.227.4276
26316 408th Ave.
Ethan, SD, 57334
or
SDFU Foundation at
1-888-734-8136
Ext 112 or 125
www.sdfufoundation.org**

**PRE-REGISTER!
By: Monday, June 16th to
Nancy Mueller**

AGES 6-13

- LEARN ABOUT COOPERATIVES**
- FREE T-SHIRT**
- SINGING & CRAFTS**
- FARMERS UNION ACTIVITIES**
- COOPERATIVE GAMES**
- TOUR THE CORN PALACE**
- LUNCH AND SNACK PROVIDED**

**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 _____