

District I & II Farmers Union Camp

WHEN:

June 2-5, 2008

**12:00 PM OPENING
ON THE 2ND-
8:00 AM CLOSING
ON THE 5TH**

WHERE:

**SWAN LAKE
CHRISTIAN
CAMP**

**45474 388TH ST,
VIBORG, SD**

AGES 6-13

FARMERS UNION ACTIVITIES

**Xtreme
cooperation**

**FREE T-SHIRT
SINGING & CRAFTS**

**COOPERATIVE EDUCATION
AND GAMES**

**Bring
Friends
Everyone Welcome**

**REGISTRATION: \$70 FOR MEMBERS
\$90 FOR NON-MEMBERS**

**LIMITED NUMBER OF
REGISTRATIONS ACCEPTED**

**SANTEL COMMUNICATIONS WILL PAY
(DIRECTLY TO DISTRICT)**

**\$70 TOWARDS CAMP FEE FOR
SANTEL TELEPHONE CUSTOMERS**

Send registration and medical release form (on reverse) by May 19th to: Pat Larson, 40062 231st St., Woonsocket, SD 57385. Bus filled on a first-come, first-serve basis. When bus is full, you will be responsible for your own transportation. Bus info will be emailed, if you have it, otherwise mailed by approximately May 28.

****SD Farmers Union membership dues
are \$40 per family, per year.**

sdfufoundation.org

Supper & program at 6:30 pm on Wed., June 4th. All parents, members & friends are invited and encouraged to attend. There is a charge of \$7.00. Children 3 & under are free. Pre-registration is required & payment for supper is due by June 2nd.

For More Information Contact:
Denise Mushitz 605.680.5192 or
Pat Larson 605.796.4548 or
EMAIL: woonlib@santel.net

Medical release form on reverse side **MUST** be completed and sent with each child attending camp!

**PAT LARSON
40062 231ST STREET
WOONSOCKET, SD 57385
PHONE: (605) 796-4548
FAX: (605) 796-????**

**NON-PROFIT ORGANIZATION
U.S. POSTAGE PAID
HURON, S.D. 57350
PERMIT NO. 206**

REGISTRATION AND MEDICAL INFORMATION

**NAME _____ DATE OF BIRTH _____ M__ F__ GRADE JUST COMPLETED _____
AGE _____ COUNTY _____ NAME YOU GO BY _____
EMAIL ADDRESS (IF AVAILABLE & CHECKED REGULARLY) _____
WHERE DID YOU FIND OUT ABOUT CAMP? _____ DISTRICT I _____ OR DISTRICT II _____**

IMPORTANT!! PLEASE RESPOND BY MAY 19TH -

**WILL YOU NEED BUS TRANSPORTATION TO CAMP? YES ___ NO ___ HOME FROM CAMP? YES ___ NO ___
FARMERS UNION MEMBER? YES ___ NO ___ SANTEL TELEPHONE CUSTOMER? YES ___ NO ___**

TOWN THAT YOU LIVE CLOSEST TO _____

NUMBER OF NON-CAMPERS PLANNING TO ATTEND SUPPER ON WEDNESDAY? _____

COST IS \$7.00 EACH (PAYABLE TO DISTRICT FARMERS UNION) CHILDREN 3 AND UNDER ARE FREE.

PARENT/GUARDIAN NAME _____

ADDRESS _____ CITY _____ ZIP _____

HOME PHONE _____ WORK PHONE _____

CHILD'S SOCIAL SECURITY _____ DATE OF LAST TETANUS SHOT _____

GENERAL MEDICAL HISTORY _____ LIST OF ALLERGIES _____

CURRENT PRESCRIPTIONS _____

INSURANCE COMPANY & ADDRESS _____

INSURANCE POLICY _____ PHONE _____

ADDITIONAL COMMENTS _____

**NAME _____ WILL ATTEND DISTRICT CAMP, JUNE 2-5, 2008. 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 MAY BE USED FOR
FARMERS UNION FOUNDATION PROMOTIONAL MATERIAL.**

PARENT OR GUARDIAN SIGNATURE _____