



**treme
cooperation**

DISTRICT III & VII FARMERS UNION CAMP

WHEN:
June 29-July 2, 2008
Registration begins at 4:00PM
on 29th. Camp ends at 9:00AM
on 2nd.

**Lake Richmond,
Aberdeen, SD**

(DIRECTIONS
BELOW)

WHERE:

**Bring
Friends**
Everyone Welcome

**REGISTRATION BEGINS
AT 4:00 PM ON
SUNDAY, JUNE 29TH!**

On Tuesday, July 1st, there will be a supper at 6:00 pm with a program following. All parents, members, and friends are invited and encouraged to attend. Please let Barb or Heather know if you plan to attend.

For more Information Contact:

Heather Kuecker 605.265.1405
Barb Vetter 605.324.3203

What to Bring: Sleeping Bag, toiletry articles, swimming suit/towel, socks, \$15-\$20 for both Tour Day activities and for spending money for the Co-op Store.

Directions to Camp: From Hwy 12: Turn North on 382nd Ave, go 7 miles and follow the signs.

Emergency Camp Number: 605.225.5371

EVERYONE WELCOME!!!

REGISTRATION:

\$30 FOR MEMBERS

**\$40 FOR NON-MEMBERS PLUS AN
ADDITIONAL \$5.00 TO BE PAID TO THE
STATE OFFICE FOR A TOTAL OF
\$45.00 NON-MEMBER FEE.**

(SDFU Membership Dues are \$40 per family, per year)

AGES 6-13

LEARN ABOUT COOPERATIVES

FREE T-SHIRT

SINGING & CRAFTS

FARMERS UNION ACTIVITIES

COOPERATIVE GAMES

TOUR DAY:

TOUR, SWIMMING & BOWLING

**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 _____