



**Xtreme
cooperation**

MCCOOK COUNTY FARMERS UNION CAMP

WHEN:

**THURSDAY
JUNE 26, 2008
PICKUP: 8:30AM
RETURN: 5:00PM**

**SALEM CENEX C-STORE
INTERSECTION OF
HWY 38 & 81
BUS TRIP TO
SIOUX FALLS/GARRETSON, SD**

WHERE:

**Bring
Friends**

Everyone Welcome

AGES 6-13

FOR MORE INFORMATION CONTACT:

Tracy Chase, McCook County Farmers
Union Education Director at (605) 425-
2352 by Friday, June 20th and send the
\$5.00 Non-member Registration Fee along
with the medical release form to
44222 257th St. Salem, SD 57058

or

SDFU Foundation at
1-888-734-8136,
Ext 112 or 125
www.sdfufoundation.org

PRE-REGISTRATION!

LEARN ABOUT COOPERATIVES

FREE T-SHIRT & SINGING

FARMERS UNION ACTIVITIES

COOPERATIVE GAMES

**\$5.00 NON-MEMBER
REGISTRATION FEE**

BRING A SACK LUNCH

SNACK PROVIDED

**TOUR: ARROW STATUS CENTER
IN GARRETSON**

**BRING \$2.00 FOR 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 _____