

**CORNELL COOPERATIVE EXTENSION SCHUYLER COUNTY  
HIDDEN VALLEY 4-H CAMP  
CAMBERSHIP APPLICATION**

Applicant's name \_\_\_\_\_ Age: \_\_\_\_\_ Last grade completed: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Are you a 4-H Member? \_\_\_\_ Yes \_\_\_\_ No      In What County? \_\_\_\_\_

How long have you been a 4-H Member? \_\_\_\_\_

Please describe what you have accomplished in 4-H:

Will getting a campership make a difference in whether or not you can attend camp? \_\_\_\_ Yes \_\_\_\_ No

Have you ever attended Hidden Valley 4-H Camp before? \_\_\_\_ Yes \_\_\_\_ No

How many other members in your family will attend Hidden Valley this summer? \_\_\_\_\_

I would like to attend Hidden Valley 4-H Camp because:

(Please complete the reverse side – applications are not complete without information/signatures on back).

**Reference Section**

To be completed by someone other than a parent. Please provide explanation of why you feel camper does or does not merit a campership. Reference forms that do not include this statement may not be given full consideration. Thank you.

I do/ do not (circle one) recommend this applicant for a campership because:

Reference Name/phone: \_\_\_\_\_

Signature of Camper \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Zip code \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Please return this completed application by June 1 to:**

Hidden Valley 4-H Camp  
323 Owego St., Unit 5  
Montour Falls, NY 14865

