

CAMP SUMMARY

This form is to be filled out by the youth who attended camp only.

Name: _____

Date of Camp: _____

Location of Camp: _____

Please write about any activities that you participated in during your camp experience:

Please write about anything you learned during your camp experience:

Would you recommend camp to other 4-H members? If yes, explain why.

Would you like to go back to camp in the future?

Do you have any pictures you would like to share? We would love to share your experience in future promotions if you would like that. If so, please send pictures to alyssa.zirbel@browncountywi.gov or attach with this form.

BROWN COUNTY 4-H LEADERS ASSOCIATION CAMP REIMBURSEMENT REQUEST

WHO IS SUBMITTING THIS REQUEST:

Name: _____
 Club (if appropriate): _____
 Number to call with questions: _____



WHO SHOULD CHECK BE MADE OUT AND SENT TO:

Individual Name or Club/Group Name: _____
 Street Address: _____
 City, State, ZIP: _____
 Youth Name Who Attended Camp: _____



PLEASE NOTE: YOUTH WHO ATTENDED CAMP MUST FILL OUT THE SUMMARY PAGE TO THIS REIMBURSEMENT REQUEST BEFORE REIMBURSEMENT WILL BE COMPLETED.

DATE OF PURCHASE	DESCRIPTION OF CAMP (DATE, LOCATION)	RECEIPT ATTACHED*	INVOICE ATTACHED*	TOTAL
*IF REQUEST IS FOR MILEAGE, LIST BEGINNING AND ENDING MILEAGE AND TOTAL MILES. RATE IS 0.50/MILE.			TOTAL REQUEST	

Signature of Submitter: _____ Date: _____

Submit request form with receipts and/or invoices to: ****Note: There must be a receipt (or other proof of attendance) as well as the camp summary submitted with this form before reimbursement will be processed.****
 Brown County 4-H Leaders Association
 2019 Technology Way, Room#113
 Green Bay, WI 54311

You may also bring form to or get from at Leaders Association meetings and deliver directly to the Leaders Association Treasurer. Checks will be made and signed the 1st Tuesday of every month. Forms and supporting documents can be submitted at least 3 days prior to the 1st Tuesday of the month to be paid that month. If submitted after, or at the Leaders Association meeting, we will try to accommodate requests, but reimbursement is guaranteed by the following meeting.

FOR EXECUTIVE COMMITTEE USE ONLY		
DATE APPROVED:	CHECK NUMBER:	INITIALS OF WHO SIGNED CHECK:
CHECK PICKED UP IN PERSON BY:	CHECK MAILED (DATE AND INITIALS):	COMMENTS: