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.

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

Signature of Submitter: ____________________________ Date: ______________

Submit request form with receipts and/or invoices to:
Brown County 4-H Leaders Association
2019 Technology Way, Room#113
Green Bay, WI 54311

**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.

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**

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<th>DATE APPROVED:</th>
<th>CHECK NUMBER:</th>
<th>INITIALS OF WHO SIGNED CHECK:</th>
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<th>CHECK PICKED UP IN PERSON BY:</th>
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