



Office Use Only:
Date Received _____

ROCK EAGLE 4-H CENTER

PARTICIPANT NUMBER CONFIRMATION FORM

School Name: _____ Dates Attending: _____

Please Circle: Public School Private School Homeschool

Rock Eagle 4-H Center requires guaranteed participant counts 7 days prior to your arrival. There will be a \$10/person charge for each space reserved but not showing.

All cabin and teaching group numbers will be based upon your final numbers.

Please record the number of students from each grade and the number of adults attending your trip.

Grade Level	# of People	Grade Level	# of People
PreK-2		8	
3		9	
4		10	
5		11	
6		12	
7		Adult	

As part of the University of Georgia, Rock Eagle 4-H Center requests the following information for federal reporting purposes. These numbers are used for funding and research.

RACE: The USDA has decided upon the following classifications for Race. You may select all that apply for adults and students.

ETHNICITY: In addition to Race, you may also check Hispanic or Latino.

Race	Male	Female
White		
African American or Black		
Am. Indian or Native Alaskan		
Asian		
Nat. Hawaiian or Pacific Islander		

Ethnicity	Male	Female
Hispanic / Latino		

PLEASE NOTE - These totals may not match group totals if for example a student is multicultural (for example: considered "White" and "Hispanic").

Making the best better!