





**4-H CAMP BRISTOL HILLS  
YOUNG MEN'S ADVENTURE CAMP  
APPLICATION SUPPLEMENT – FAMILY**



**ATTENTION: THIS PAGE SHOULD BE COMPLETED BY THE FAMILY OF THE APPLICANT.**

This supplement should be mailed, with a **completed Camp Registration Form** (found in the Summer Camp Brochure) to the 4-H Camp Bristol Hills office at 480 N. Main St., Canandaigua NY 14424, postmarked no later than April 30.

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Last Name, First Name of Camper

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Name of Parent or Guardian

Home/Cell Phone

Business Phone

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Address

E-mail

**Application will not be considered if this section is not completed.**

How would your child benefit from participating in this program? \_\_\_\_\_

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List any additional information that would help 4-H Camp Bristol Hills best serve your child.

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Please list the school or agency personnel who referred your son for participation in the Young Men's Adventure Program

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Individual's Name	School/Agency	Telephone Number	E-mail Address
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**ATTACH ADDITIONAL SHEETS OF PAPER AS NECESSARY**