4-H Regional Challenge Camp

November 3-4, 2026

Return the Registration Form and your **$30 Deposit/Fee** to the St. Charles Parish 4-H Office **by October 1, 2026**. You can bring it to the St. Charles 4-H Office at 453 Spruce Street in Norco, La. If you are mailing payment, it should be **received** by the due date. Payment and application can be mailed to the following **mailing address:** St. Charles 4-H, P.O. Box 557, Norco, LA 70079

Regional Challenge Camp is for 7th – 8th grade members only. This year 4-H Regional Challenge Camp will be held on November 3-4, 2026, in Amite, Louisiana at Lion King Retreat Center. This camping experience is focused on training 4-H members (7th – 8th grade) how to work as a team to overcome challenges to accomplish a task. Participants will participate in fun leadership activities, sleep in cabins at the Lion King Retreat Center, and enjoy walking through nature, canoeing, doing challenge activities, and meeting friends from other parish 4-H programs. Space is limited for this event. Camper selection will be given on a first-come, first-serve basis to eligible members who have not previously attended this event.

The basic cost for Camp is $30. This includes your camp fees, transportation, meals, lodging, and a t-shirt. The fee is non-refundable for selected campers who do not attend this event.
***NOTE:** For those members who are selected to attend the trip, they are responsible for arranging transportation to meet the bus/vehicle at the designated times.

Since 4-H Regional Challenge Camp will be held during the school day, your family will be responsible for working with your school principal regarding school absences. A School Support Letter may be requested at the LSU AgCenter Office and used as needed.

Once you have sent in your Registration Form, you will receive an email from the 4-H Office. This email will contain important information about this 4-H event as well as any additional forms or requirements for the trip. If you have any questions about Regional Challenge Camp, please contact me at the St. Charles Parish LSU AgCenter Office at 985-785-4473 or the 4-H Agent at kzammit@agcenter.lsu.edu.

We hope that you will consider spending an exciting adventure at 4-H Regional Challenge Camp!

Dr. Kali Zammit
Extension Agent
4-H Youth Development
St. Charles Parish

4-H Regional Challenge Camp Application
2026

Please print! Return the form and $30.00 fee by **October 1, 2026,** to the St. Charles Parish LSU AgCenter Office

Child's Name _____ **Birthdate:** _____

Mailing Address _____

_____

E-mail Address _____

Parent's Phone Number _____ **School** _____ **Grade** _____

Child's Cell Phone Number: _____

T-shirt size (adult size) (circle one) S M L XL XXL

Fees should be paid by **check or money order**: Do not send cash through the mail!
Make Check or Money Order payable to: **St. Charles 4-H Foundation**.

Payment Concern: If you have a concern paying for your child to attend Regional Challenge Camp, you may choose to discuss your situation with the 4-H Agent
(Please check if this applies):

____ I would like to discuss a payment plan with you. Please call me at (_____) _____

Participant Agreement: The participant and parent are required to sign the Participant Agreement Form as part of the application.

Trip Requirements: The following items are required to attend this educational 4-H trip:

_____ Application (1 page)

_____ Participant Agreement (1 page)

_____ Go to https://www.lsuagcenter.com/topics/kids_teens/resources/forms to complete the following forms:
_____2019-2020 Louisiana 4-H Medical/Health Form (4 pages)
_____2019-2020 Louisiana 4-H Youth Code of Conduct Form (1 page)
_____2019-2020 Louisiana 4-H Hold Harmless Agreement Form (1 page)

_____ $25.00 deposit (non-refundable if selected to attend)

4-H Summer Camp Participation Agreement
St. Charles Parish

My child, _____, has my permission to participate in **4-H Regional Challenge Camp on November 3-4, 2026**. It is required that I pay a $30.00 deposit to reserve my child's spot to attend the trip. In the event my child is unable to attend the trip, he/she will forfeit the deposit if he/she is selected to attend. I agree to pay any additional required fees associated with the cost to attend this event.

I understand that the St. Charles Parish 4-H Foundation is covering a major cost of the trip. I also understand that my child may be traveling by bus and/or vehicles driven by volunteers and/or LSU AgCenter staff throughout the event.

My child is agreeing to participate in all required educational programs associated with the above-mentioned function. My child accepts and agrees to abide by all rules and regulations as stated in the 4-H Code of Conduct as well as any set forth during the 4-H event.

Since this is an overnight event, I am agreeing that I am responsible for providing my child with any and all medical needs and/or medicines. In case of an accident, illness, or emergency, I am responsible for all fees. If for some reason the child needs to return home for medical or behavioral reasons, as stated in the code of conduct, travel home will be at the parent's expense.

By signing below, I acknowledge that I agree with the statement above and will abide by the conditions of this event.

_____ _____
Signature of 4-H Member Date

By signing below, I give my child permission to participate in the above listed event for St. Charles 4-H.

_____ _____
Signature of Parent/Guardian Date