

# ROCK EAGLE 4-H CENTER

## PARTICIPANT NUMBER CONFIRMATION FORM

**School Name:** \_\_\_\_\_ **Dates Attending:** \_\_\_\_\_  
**GA County where School is Located:** \_\_\_\_\_ **OR State (if not GA):** \_\_\_\_\_

**Please Circle One:**      Public School                      Private School                      Homeschool

Rock Eagle 4-H Center requires guaranteed participant counts seven 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 numbers of students from each grade and the number of adults below.**

TOTAL NUMBER OF PEOPLE ATTENDING:  _____
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Grade Level	# of People	Grade Level	# of People
PreK		7	
K		8	
1		9	
2		10	
3		11	
4		12	
5		Adult	
6			

As part of the University of Georgia Cooperative Extension, Rock Eagle 4-H Center is required to submit participation numbers and associated demographics on federal reports annually.

**RACE:** The USDA uses the following designations for race. Please include numbers below for both youth and adults participating in the program.

**ETHNICITY:** In addition to race, please also indicate the number of Hispanic or Latino participants.

Race	Male Youth & Adults	Female Youth & Adults
White		
African American or Black		
American Indian or Alaskan Native		
Asian		
Native Hawaiian or Other Pacific Islander		
More Than One Race		

Ethnicity	Male	Female
Hispanic or Latino		

**\*PLEASE NOTE\*** - These totals may not match group totals if for example a student is classified as both "White" and "Hispanic".

*THANK YOU,  
WE LOOK FORWARD TO SERVING YOU!*