

WAHSEGA 4-H CENTER

PARTICIPANT NUMBER CONFIRMATION FORM

Office Use Only:
Day OR Residential
 Date Received _____
 Date Entered _____

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

Please Choose One: Public School Private School Homeschool

Wahsega 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, Wahsega 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!*