

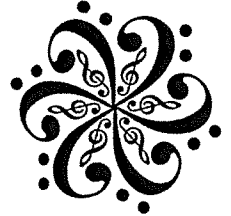
# MUSIC, MUSIC, MUSIC

*Have you ever thought you were too old to go to camp, well think again.*

**Come join us for a weekend of MUSIC for all ages.**

**June 1-3, 2018**

**A three day retreat for ladies 18 and older!**



**4-H Camp Whitewood is located in Windsor Ohio (south of St. Rt. 322), nestled in Ashtabula County on 227 acres of stunning natural beauty. Whitewood features the Windsor Mills covered bridge, prehistoric Indian mounds and a nine-acre lake and is crisscrossed by Phelps and Grindstone Creeks and numerous hiking trails, swimming, boating, nature walks, crafts, archery and riflery are available for your enjoyment.**

**Women's Weekend "MUSIC, MUSIC, MUSIC" is this years theme. Lots of fun filled activities will be offered. An Amish tour on Friday, assorted crafts and lots of different music all weekend. There is something for everyone. Even if you are not a music buff you will still enjoy the weekend. If you played an instrument in your younger days or still play an instrument today, bring it to camp for a "JAM" session.**

**The Annual fund-raising gift basket raffle will be held during the weekend. Donations of new or gently used items are welcome. Items will be put together to make up baskets at camp, or feel free to make up a basket of your own to donate.**

**All meals, snacks, cabin lodging and most programs are included in the camp fee of \$115.00. An additional overnight stay on Thursday May 31 with breakfast will be available for and extra \$25. You may also sample the weekend Friday, June 1 for only \$40 with 2 meals included and on Saturday, June 2 for only \$45 and this includes 3 meals.**

**To request registration materials and more information contact:**

**Camp Director - Terry Gatrell 330-360-1809  
tlgatrell2957@frontier.com**

**Internet Secretary - Hope Castro  
Ihopeto@sbcglobal.net**

**Co-Director - Brenda Tate 330-388-5122  
bleetate@aol.com**



**Weekend at Whitewood 2018 Registration  
Whitewood Ladies "MUSIC, MUSIC, MUSIC"  
June 1 - 3, 2018**

Campers Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email address \_\_\_\_\_ Birthday: \_\_\_\_ / \_\_\_\_ /no year

Cabin # preference: 1st \_\_\_\_\_ 2nd \_\_\_\_\_ 3rd \_\_\_\_\_

If necessary, would you sleep in an upper bunk? Yes No  
 Are you a first time camper? Yes No  
 How did you learn about the Weekend? \_\_\_\_\_

I plan to attend: (Circle all that apply)

Weekend at Whitewood June 1 - 3, 2018 \$115.00

Additional overnight stay May 31 (includes breakfast on Friday) \$ 25.00

\*One-day sample camp Friday, June 1 (includes 2 meals) \$ 40.00

\*One-day sample camp, Saturday June 2 (includes 3 meals) \$ 45.00

Women's Weekend T-Shirt (must pre-order by May 20) Size \_\_\_\_\_ \$ 13.00

Donation to Weekend at Whitewood (scholarship fund) (optional) \$ \_\_\_\_\_

TOTAL ENCLOSED \$ \_\_\_\_\_

Please mail your registration form and check (no cash please) made payable to:

Weekend at Whitewood  
 c/o Terry Gatrell  
 2957 State Rt. 9  
 Salem, OH. 44460

Feel free to send your money in installments prior to camp.

If you have any questions, please contact Terry Gatrell at 330-360-1809  
 or [tlgatrell2957@frontier.com](mailto:tlgatrell2957@frontier.com) or Brenda Tate at 330-388-5122 or [bleetate@aol.com](mailto:bleetate@aol.com)  
 or our e-mail secretary Hope at [ihopeto@sbcglobal.net](mailto:ihopeto@sbcglobal.net)

# MEDICAL FORM

Name \_\_\_\_\_ Cabin# \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Date of Last Tetanus Shot \_\_\_\_\_ Cell Phone \_\_\_\_\_

List Any Past or Present Medical Conditions That Could Be a Concern

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current Medications (use separate paper if necessary)

Name of Medicine	Dose	When Taken	Reason for Taking
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Please Circle if any of the Following that Apply (past or present)

Asthma	Angina	Anxiety	Arthritis	Allergies	Cancer
Diabetes	Headaches	Seizures	Sinus	Insomnia	Nose Bleeds
Heart Condition	High Blood Pressure		Low Blood Pressure		Heart Burn

Allergic to any medications and/or foods \_\_\_\_\_

In case of emergency - please list your insurance information

Name of Insurance Company \_\_\_\_\_

Policy # \_\_\_\_\_