

EXPLORE

Our own backyard

2022 OREO TRIP

June 28-30, 2022

Glendive, MT



Explore Makoshika

Enjoy Montana's largest state park. Hiking the rugged badlands, checking out fossils, and disc golf are some of the activities we have in store for you.



Fun on the Water

Hollecker Lake provide us with some opportunities for fun on the water including kayaking, fishing, and swimming!



Just for Fun

We'll take time for some fun and games at the "Commons." Activities will include foosball, corn hole, pool, dancing, and more.



**REGISTER WITH YOUR LOCAL COUNTY
EXTENSION OFFICE BY JUNE 10**

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Our own backyard

2022 JUNIOR HIGH OREO TRIP

June 28-30, 2022

Glendive, MT



Registration

- Registration is due by June 10 to your local County Extension Office
- The \$125 registration fee includes lodging, 5 meals, and activity fees



Lodging and Meals

- Participants will stay in the dorms at Dawson Community College. The apartment style dorms will house 5 people per apartment. There are single beds, but participants will need to bring their own sleeping bags and pillows.
- Meals provided will include:
 - Tuesday supper
 - Wednesday breakfast, lunch, and supper
 - Thursday breakfast



What to Bring

- Outdoor clothing including a jacket and good hiking shoes
- Sun protection such as hat, sunscreen, bug spray, water bottle
- Swimwear and beach towel
- Sleeping bag, pillow, camp chairs
- Personal toiletries for showering including towels
- Camp chair (optional)
- Spending money for concessions at the "Commons." A Virtual Reality experience is also available for \$15/person.

**REGISTER WITH YOUR LOCAL
COUNTY EXTENSION OFFICE
BY JUNE 10**

**QUESTIONS?
406-635-2121
prairie@montana.edu**

Oreo Tentative Schedule

June 28-30, 2022

Glendive, Montana

Tuesday- June 28

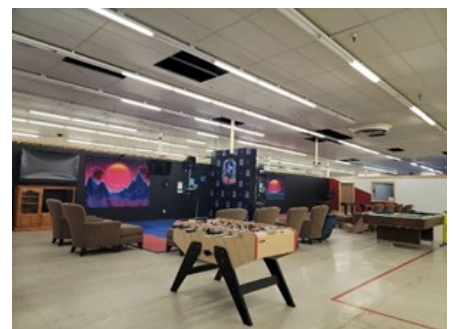
- 4:00 p.m. Check-In at picnic shelter near Disc Golf Course in Makoshika
- 4:30 p.m. Disc Golf
- 6:30 p.m. Supper at A-Frame in Makoshika
- 7:30 p.m. Get Acquainted Activities & Games
- 8:30 p.m. Set up “camp” at Dawson Community College
- 10:00 p.m. Lights Out

Wednesday- June 29

- 7:30 a.m. Breakfast
- 8:30 a.m. Hike Makoshika with Dino Dave
- Noon Lunch
- 1:00 p.m. Kayaking, Swimming & Fishing at Hollecker Lake
- 6:00 p.m. Supper
- 7:00 p.m. Fun at “The Commons”
- 9:00 p.m. Settle in for night at Dawson Community College
- 10:00 p.m. Lights Out

Thursday- June 30

- 7:30 a.m. Breakfast
- 8:30 a.m. Pick Up “Camp”
- 9:30 a.m. Tour of Recycling Center/Museum
- 11:00 a.m. Head home



2022 OREO TRIP REGISTRATION FORM

June 28-30, 2022

Due June 10th to your local County Extension Office

Participant Information

MARK ONE: Youth Chaperone

Each county must designate the appropriate number of chaperones to accompany youth. Chaperone may not be responsible for more than 10 senior 4-H members and 8 junior 4-H members

Name: _____ Male Female

County: _____ Grade (2021/2022): 7th 8th

Address: _____

Phone: _____

YOUTH ONLY: Chaperone Name: _____

Do you require any meal or other accommodations: No Yes (please explain)

Parent/Guardian Information

Parent/Guardian Name (youth only): _____

Daytime Phone Number: _____ Evening Phone Number: _____

Email: _____

Address: _____

Additional Information

____ I have enclosed my \$125 Registration fee, make checks payable to

____ I have enclosed my completed Medical Release Form



Member Medical Form and Authorization for Treatment

A complete medical history and information form is required to participate in all 4-H activities. Information provided may be necessary in case of an emergency. The form also includes an authorization for treatment by the member's parent or guardian to be used if emergency treatment is necessary and a parent cannot be contacted.

Please provide the most up to date and accurate information possible. Information will be kept confidential and only shared with certified volunteer with consent from parent or guardian.

Participant Information

Full Legal Name

County

Address

City

State

Zip Code

Birthdate

Name of Parent/Legal Guardian

Healthcare Provider Information

Name of Primary Physician

Phone Number of Physician

Name of Dentist

Phone Number of Dentist

Primary Emergency Contact

First and Last Name

Relationship to Member

Phone Number

City of Residence

State

Alternate Emergency Contact

First and Last Name

Relationship to Member

Phone Number

City of Residence

State

Insurance Information

Name of Insurance Carrier

Name of Policy Holder

Insurance Policy #

Date of Vaccine

Tetanus

Polio

Mumps

Measles

Rubella

Medical Information

Please list and explain any medical conditions

Does your child require an individualized education plan (IEP)?

Is there any further information that would help professionals and volunteers better serve your child?

Authorization for Treatment

By entering my name I do hereby give permission to a Montana 4-H adult who is responsible for the care of my child to arrange for emergency treatment.

Date

Yes

To the best of my knowledge accurate information has been provided in all areas of this form.