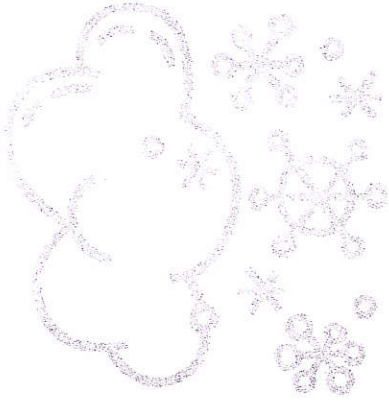
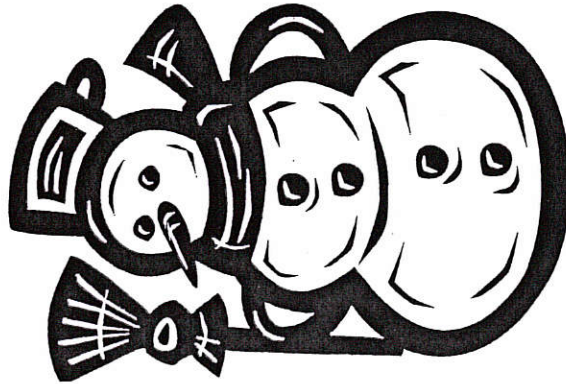


Come explore
winter and nature
with us at the
Hurstville Interpretive
Center!



WINTER NATURE ADVENTURES

Overnight Camp

December 29th—30th

2:00pm—9:00am

Hurstville Interpretive Center

IOWA STATE UNIVERSITY
Extension and Outreach
201 West Platt Street
Maquoketa, Iowa 52060

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Cooperative Extension Service, Iowa State University of Science and Technology, and the United States Department of Agriculture cooperating.



Sponsored by:

Jackson County Conservation

Iowa State University Extension & Outreach—Jackson County

Who Should Attend?

- Youth Currently in 4th—6th grades
- Those interested in learning more about winter nature activities like ice fishing
- Youth who want to have fun meeting other youth from across Jackson County!

What Will You Do & Learn?

- Participate in hands-on activities
- Go ice fishing on the frozen pond
- Snowshoeing through snow trails
- Experiment with snow and ice
- Make homemade nature crafts
- Build an IGLOO!

How Much Will it Cost?

Cost is \$15 which includes 2 meals, snacks, ice fishing, and nature crafts.

What Should You Bring?

- WARM CLOTHES— winter coat, snow pants, boots, hat, gloves, scarf
- Sleeping bag, pajamas, and bed-time items you need

What is the Schedule?

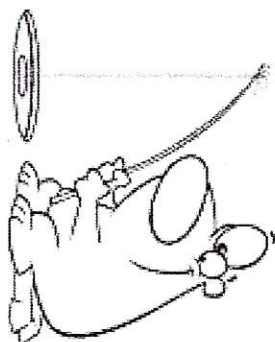
- December 29th
 - 2:00 Registration
 - 2:00 11:00pm Camp Activities
 - 11:30pm Bed Time
- December 30th
 - 7:00am Wake UP
 - 7:00-8:00am Breakfast
 - 8:00am Camp Ends
- 8:00-9:00am Optional Activities



Do experiments with snow & ice with

Conservation and Extension staff

members!



Go ice fishing on the frozen pond!



Sleep over at the Hurstville Interpretive

Center—don't forget your sleeping bag!

Registration Form

Youth Name: _____
 Grade in School: _____
 Address: _____
 City, Zip: _____
 Phone: _____
 Parent/Guardian Name: _____
 Work Phone: _____
 Cell Phone: _____
 Email: _____
 In case of emergency, notify:
 Phone: _____
 Special Health Considerations (allergies, reactions, current medications, etc.) _____

 Activity Restrictions: _____
 Child's Doctor: _____
 Doctor's Phone: _____

I have given my child permission to attend Winter Adventure Camp. However, I agree to pick up my child if the chaperones do not feel my child is abiding by the guidelines. I also understand in case of serious injury or illness, I will be notified, but if it is impossible to contact me, I give my permission for emergency treatment as recommended by the attending physician.

I give my permission for my child to have his/her picture taken to be used for news releases, newsletters & reports.

_____ yes _____ no
 Check below if you child will be staying for the optional activities between 8:00-9:00am on Tuesday, December 30th.
 _____ yes _____ no

Return with payment of \$15 by December 15th to:

Jackson County Extension
 201 W. Platt
 Maquoketa, Iowa 52060

Checks made payable to Jackson County Extension