Today's Date:_____

New Member_____
Returning Member _____
Enrollment Year: 1 9 / 2 0

4-H Enrollment Form

PLEASE PRINT CLEARLY!

Club: _____ Club Code: _____

Last Name:_____ First Name:_____ MI:_____

Address:_____City:_____Zip:_____

School: _____Years in 4-H:_____

Birthday: ____/_____/____ Grade: _____ Gender *(Circle one)*: Male Female Age:_____

Racial Classification *(Circle all that apply)*: White African-American or Black American Indian Asian Pacific-Islander Other

Residence *(Circle one)*: Farm Rural *(under 10,000)* Town *(10,000-50,000)* Suburb *(more than 50,000)* City *(more than 50,000)*

Circle any that apply: Hispanic ethnicity Military Family

Home Phone:(_____)_____Parent's Cell Phone: (_____)_____(mother)

4-H'ers Phone: (_____)_____Parent's Cell Phone: (_____)_____(father)

4-H'ers Email: _____Parent's Email:_____

Parents or guardians you live with:

Last Name:_____ First Name: _____ Work Phone:_____

Last Name: _____ First Name: _____ Work Phone: _____

Additional parent you do not live with:

Last Name:_____First Name:_____Work Phone:_____

We prefer to send invitations by email, do you check yours regularly? *(Circle One)* Yes No

Health concerns or special needs you'd like the extension office to be aware of: _____

_____

How did you find out about 4-H? Library ____ School ____ Recreation Center ____ Friend ____ Other ____