



Ben Hill County 4-H Enrollment Form
2019-2020

4-H Member's Name: _____

Parent's or Guardian's Name(s): _____

Address: _____

City: _____ State: GA Zip Code: _____

4-H Member's Cell Phone: _____ T-Shirt Size _____

4-H Member's Email _____

Home Phone Number _____

Parent/Guardian Cell Phone Number _____

Parent/Guardian email _____

Gender: _____ Male _____ Female

Residence: Small Town (live in town) Rural (live in county) Farm (live on working farm)

Current Grade: _____ Age: _____ Birthdate(month/date/year): _____

Check all that apply:

- White African American/Black Hispanic/Latino
 Asian American Indian/Alaskan Native
 Pacific Islander/Native Hawaiian/Other

 Military Family (mom or dad currently in military)