

Fayette County 4-H
Enrollment Card
2024-2025

Name: _____

Address: _____ **City:** _____ **Zip:** _____

School: _____ **Grade:** _____

Birthdate: ____/____/____ **Age:** ____ **Gender:** ____

Racial Classification (*circle all that apply*): White African American American Indian Asian Pacific-Islander

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

Circle any that apply: Hispanic ethnicity Military family

Home Phone: _____ **Family Email:** _____

Parent or Guardian Information:

Mobile Phone:

Work Phone:

Primary:

Secondary:

Health concerns, allergies, dietary or special needs: _____

THIS ENROLLMENT FORM IS GOOD FOR ALL FAYETTE COUNTY 4-H
YOUTH DEVELOPMENT ACTIVITIES AND EVENTS FOR THE PERIOD OF:

August 1st – July 31st of the program year listed above.



UNIVERSITY OF GEORGIA
EXTENSION

