



# 4-H Enrollment Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Birthday: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_ Club: \_\_\_\_\_

**Gender:**

Male      Female

**Residence (circle one):**

Farm

Rural (under 10,000)

Town (10,000-50,000)

**Racial Classification**

*(circle all that apply):*

White

Black

American Indian

Asian

**Circle any that apply:**

Latino ethnicity

Active Military family

Parent Phone: \_\_\_\_\_ Parent E-mail: \_\_\_\_\_

**Parents or guardians you live with:**

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Additional parent or guardian you do not live with:**

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

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