



2024-2025 Walker County 4-H Enrollment Form

Is this your first year in 4-H? Yes No

School: _____ Grade: _____ Homeroom Teacher: _____

Last Name: _____ First Name: _____

Address: _____ City: _____ Zip: _____

Date of Birth: _____ Circle one: MALE FEMALE Shirt Size: _____

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

Residence: Farm Rural (Flintstone, Rising Fawn, Rock Spring, Rocky Face, Lkt Mtn, Trion) Town (Chickamauga, LaFayette, Rossville, Summerville)

Family member in your home currently Active Military? Yes No Ethnicity: Hispanic Non-Hispanic

Telephone Numbers: () _____ () _____

eMail: _____ Sign up for electronic monthly 4-H newsletter? Yes No

Parent/Guardian Name: _____ Parent eMail: _____

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