

2020-2021 4-H Enrollment Form



Club Name: _____

Last Name*: _____ First Name*: _____ MI: _____

Address: _____ City: _____ Zip: _____

School: _____ T-Shirt Size: _____ 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

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

Ethnicity* (circle one): Hispanic Non-Hispanic Military Family* (circle one): Yes No

Cell Phone: _____ E-mail: _____

Parents or guardians you live with:

Last Name: _____ First Name: _____ Cell Phone: _____ Email: _____

Last Name: _____ First Name: _____ Cell Phone: _____ Email: _____

Additional parent you DO NOT live with:

Last Name: _____ First Name: _____ Cell Phone: _____ Email: _____

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

*Required