

Today's Date: _____

New Member _____

Returning Member _____

Enrollment Year: 16/17

4-H Enrollment Form

**PLEASE PRINT
CLEARLY!**



Club: _____ Club Code: _____

Last Name: _____ First Name: _____ MI: _____

Address: _____ City: _____ Zip: _____

School: _____ 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 Other

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

(Circle any that apply): Hispanic ethnicity Military Family

Home Phone: (____) _____ Parent's Cell Phone: (____) _____ (mother)

4-H'ers Phone: (____) _____ Parent's Cell Phone: (____) _____ (father)

4-H'ers Email: _____ Parent's Email: _____

Parents or guardians you live with:

Last Name: _____ First Name: _____ Work Phone: _____

Last Name: _____ First Name: _____ Work Phone: _____

Additional parent you do not live with:

Last Name: _____ First Name: _____ Work Phone: _____

We prefer to send invitations by email, do you check yours regularly? **(Circle One)** Yes No

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

How did you find out about 4-H? Library ____ School ____ Recreation Center ____ Friend ____ Other ____