



# 2010-2011 4-H ENROLLMENT FORM

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

<p>FOR 4-H OFFICE USE ONLY:</p> <p>Club Code: _____</p>
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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

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

School: \_\_\_\_\_ Years in 4-H \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_ Gender (circle one): MALE FEMALE Age: \_\_\_\_

**RACIAL CLASSIFICATION (circle all that apply)**

White African-American/Black American-Indian Asian Pacific-Islander

**RESIDENCE (circle one):**

Farm Rural (under 10,000) Town (10,000-50,000)

**CIRCLE ANY THAT APPLY:** Hispanic ethnicity Military family

Home Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

***PARENTS OR GUARDIANS YOU LIVE WITH:***

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Gender \_\_\_\_\_ Relationship: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Gender \_\_\_\_\_ Relationship: \_\_\_\_\_ Cell phone: \_\_\_\_\_

***ADDITIONAL PARENT YOU DO NOT LIVE WITH:***

Last name: \_\_\_\_\_ First Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Health concerns or special needs you'd like the Extension Office to be aware of: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_