

4-H Enrollment Form



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 Multi-racial

Residence: 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: _____

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

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

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