



PLEASE PRINT NEATLY

# Coffee County 4-H Enrollment Card

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School: \_\_\_\_\_ Grade: \_\_\_\_\_ Club: \_\_\_\_\_

Officer: \_\_\_\_\_ School Year: 2009-2010 Were you ever a member of Coffee County 4-H? Yes No

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

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

Birthday: (Month)\_\_\_\_/(Date)\_\_\_\_/(Year)\_\_\_\_\_ Gender (circle one): Male Female

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 Circle any that apply: Hispanic Ethnicity Military Family

Home Phone: \_\_\_\_\_ Your Cell #: \_\_\_\_\_

Your Email: \_\_\_\_\_ Brothers/Sisters in 4-H: \_\_\_\_\_

### Parents or Guardians (you live with):

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

Cell Phone: \_\_\_\_\_ Gender: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_ Gender: \_\_\_\_\_ Relationship: \_\_\_\_\_

### Additional Parents or Guardians (that you DO NOT live with)

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

Cell Phone: \_\_\_\_\_ Gender: \_\_\_\_\_ Relationship: \_\_\_\_\_

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



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