

4-H Enrollment Form

Teacher: _____ Grade: _____ School: _____

Last Name: _____ First Name: _____ MI: _____

Address: _____ City: _____ ZIP: _____

E-mail: _____ Years in 4-H: _____

Birthday: ____ / ____ / _____ 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 (50,000+)

Circle any that apply: Hispanic Ethnicity Military family (Parent or sibling in National Guard, Reserves, or Active Duty)

Home Phone: _____ Parent's Cell Phone: _____

Parents and/or guardians:

Name: _____ Work Place: _____

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