



# Troup County 4H Horse Club Enrollment Form

Club Code:

County Code: 285

Member Code:

(You do NOT have to own a horse to be a member of the horse club.)

Circle One:          New Enrollment          Re-enrollment

Last name \_\_\_\_\_ First name \_\_\_\_\_ MI \_\_\_\_\_ Age \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_, Georgia Zip \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Sex \_\_\_\_\_ Birthdate \_\_\_\_\_

Active years in 4H \_\_\_\_\_ Other 4H membership \_\_\_\_\_

Board of Education Information (circle one in each line)

<u>Ethnic:</u>	White	Black	Am-Indian/Alaskan	Hispanic Asian	Mixed
<u>Residence:</u>	Farm	Town under:	10,000	10,000-50,000	over 50,000

Project Name	Code
Horse Club _____	_____
_____	_____
_____	_____

Do you have a horse? If so, Name _____ Breed _____ Color _____
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Parent(s) Last name \_\_\_\_\_ First name (s) \_\_\_\_\_

Home # ( ) \_\_\_\_\_ Work # ( ) \_\_\_\_\_ Cell # ( ) \_\_\_\_\_

Address (indicate if same as above) \_\_\_\_\_  
Street City State Zip

Mailing address (if different from above) \_\_\_\_\_  
Street City State Zip

Occupation (parent - optional) \_\_\_\_\_

Circle One:          Primary parent          Legal Guardian          Other

Member signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Give this form, along with \$2.00 for insurance (covers 1 child & horse at authorized 4H activities) to 4H Horse Club officer.

Insurance paid/amount \$ \_\_\_\_\_ collected by \_\_\_\_\_

