

4-H Enrollment Form

Club: _____

FOR OFFICE USE ONLY

County Code: _____ Club Code: _____ Member Code: _____

Category (Circle One): M-Member C-Cloverbud/Mini 4H G-Organization Leader
 A-Activity Leader R-Resource Leader S-Special P-Project Leader

Enrollment Type (Circle One): N-New Enrollment R-Re-Enrollment Drop From Club

Last Name: _____ First Name: _____ M.I. _____

Address: _____ City: _____ State _____ Zip _____

School: _____ Soc Sec Number: _____ - _____ Year In 4-H: _____

Youth Leader _____ Gender: _____ Birthday: ____/____/____ 4-H Age: _____ Grade: _____

Other 4-H Memberships: _____ E-mail: _____

Ethnic (circle one): Caucasian African Am. Am. Indian Hispanic Asian Am. Mixed

Residence (circle one): Farm Rural Under 10,000 Town 10,000-50,000
 Suburb Over 50,000 City Over 50,000

Project Name	Project Code	Youth Leader	Need Lit.	Year in Project
_____	_____	Yes/No	Yes/No	_____
_____	_____	Yes/No	Yes/No	_____
_____	_____	Yes/No	Yes/No	_____
_____	_____	Yes/No	Yes/No	_____
_____	_____	Yes/No	Yes/No	_____
_____	_____	Yes/No	Yes/No	_____
_____	_____	Yes/No	Yes/No	_____
_____	_____	Yes/No	Yes/No	_____
_____	_____	Yes/No	Yes/No	_____
_____	_____	Yes/No	Yes/No	_____
_____	_____	Yes/No	Yes/No	_____
_____	_____	Yes/No	Yes/No	_____

I want the Extension Office to be aware of the following disability : _____

_____ I do not want University Extension to reveal my name, address, or telephone number as part of a public record or list.

Member Signature _____ Leader Signature _____

Parent Guardian Signature _____ Date _____

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Parent Information

Member Last Name: _____ Member First Name: _____ M.I. _____

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Parent Code 1: _____

Parent Last Name: _____ First Name: _____ M.I. _____

Address: _____ City: _____ State _____ Zip _____

Home Phone: () - _____ Work Phone: () - _____

Occupation (optional): _____

Parent Type (circle one): Primary Parent Additional Parent Other

Legal Guardian: Yes / No Send Mailing: Yes / No E-mail: _____

FOR OFFICE USE ONLY

Parent Code 2: _____

Parent Last Name: _____ First Name: _____ M.I. _____

Address: _____ City: _____ State _____ Zip _____

Home Phone: () - _____ Work Phone: () - _____

Occupation (optional): _____

Parent Type (circle one): Primary Parent Additional Parent Other

Legal Guardian: Yes / No Send Mailing: Yes / No E-mail: _____

FOR OFFICE USE ONLY

Parent Code 3: _____

Parent Last Name: _____ First Name: _____ M.I. _____

Address: _____ City: _____ State _____ Zip _____

Home Phone: () - _____ Work Phone: () - _____

Occupation (optional): _____

Parent Type (circle one): Primary Parent Additional Parent Other

Legal Guardian: Yes / No Send Mailing: Yes / No E-mail: _____