4-H Member/Leader Enrollment Form 2016-17

County _____
4-H Club (s) _____
_____

New Enrollment……❑
Re-enrollment……❑
Youth Leader ❑ Adult Leader ❑

Legal Name (please print) _____
Last First Middle

Address _____
Street/Mailing Address City Zip

School _____ **Years in 4-H** _____ **Birth Date** _____

Gender: ❑ Male ❑ Female **Grade** _____ **Residence** (check one) ❑ Farm ❑ Rural/10,000 ❑ Town/10 - 50,000 ❑ Suburb/50,000 ❑ City/50,000

Family E-mail _____ **Youth E-mail** _____

If transferring from another club, list club _____

Cell Phone _____ ❑ **Is it okay to text this number? Y N List Cell Phone Carrier** _____

List any special accommodation for a disability to participate in this program. _____
Ethnicity (check one) ❑ Hispanic ❑ Not Hispanic
Race (check one) ❑ White ❑ Black ❑ Alaskan/Am Indian ❑Hawaiian/Pac. Island ❑ Asian

Parent 1 _____
Last, First
Address (if different) _____
City _____ **Zip** _____
Home _____ **Work** _____
Cell _____
E-mail _____
Correspondence: ❑ **Send Mailing** ❑ **Send Email**
❑ **Legal Guardian**

Parent 2 _____
Last, First
Address (if different) _____
City _____ **Zip** _____
Home _____ **Work** _____
Cell _____
E-mail _____
Correspondence: ❑ **Send Mailing** ❑ **Send Email**
❑ **Legal Guardian**

Member Military Service (check if applicable) : No one in my family is serving in the military. _____ I am retired. _____
I have a parent serving in the military. _____ If yes, what branch? _____ I am a wounded warrior. _____
I have a sibling serving in the military. _____ I have a son/daughter serving in the military. _____ Reserve or Guard? ____

Project Name	Year in Project	Project Name	Year in Project

We have read and understand the 4-H enrollment rules, deadlines and requirements.

_____ _____
Member's Signature Date Parent or guardian signature (required) Date

_____
Organizational Leader Date