



Postal Mail  Email

<b>Name</b>	<b>County</b>	<b>Family Email</b>	<b>Correspondence Pref.</b>
<b>Email</b>		<b>First Name</b>	
<b>Last Name</b>		<b>Mailing Address</b>	
<b>City</b>		<b>State</b>	
<b>Zip Code</b>		<b>Gender</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Primary Phone</b>		<b>Cell Phone</b>	
<b>Work Phone</b>		<b>Fax</b>	
<b>Years in 4-H</b>			

### Emergency Contact

<b>Name</b>	<b>Phone</b>
<b>Email</b>	<b>Relationship</b>

### Enrollment

**Ethnicity** Are you of Hispanic ethnicity?  No  Yes (please indicate both an ethnicity and race)

**Race**

<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or Pacific Islander
<input type="checkbox"/> Black	<input type="checkbox"/> Asian
<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Prefer Not to State

**Residence**

<input type="checkbox"/> Farm (rural area where agricultural products are sold)	<input type="checkbox"/> Suburb of city more than 50,000
<input type="checkbox"/> Town under 10,000 and rural non-farm	<input type="checkbox"/> Central city more than 50,000
<input type="checkbox"/> Town / City 10,000 - 50,000 and its suburbs	

**Military**

<input type="checkbox"/> No one in my family is serving in the military	<input type="checkbox"/> I have a parent serving in the military
<input type="checkbox"/> Myself, and/or my spouse, is currently serving in the military	

**Branch / Component**

Air Force  Army  Coast Guard  Marines  Navy /  Active Duty  National Guard  Reserves

### Clubs

Enroll	Club
<input type="checkbox"/> (Enroll)	

### Projects

Enroll	Project
<input type="checkbox"/> (Enroll)	

<b>Adult Signature</b>	<b>Date</b>
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