

# 4-H Enrollment Form

Club: \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>			
County Code: _____	Club Code: _____	Member Code: _____	

**Category (Circle One):** 1) Member 2) Cloverbud/Mini 4-H 3) Organizational Leader 4) Activity Leader  
5) Project Leader 6) Resource Leader 7) Special

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

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

School: \_\_\_\_\_ Year In 4-H: \_\_\_\_\_

Youth Leader \_\_\_\_\_ Gender: \_\_\_\_\_ Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_ 4-H Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Other 4-H Memberships: \_\_\_\_\_

**Ethnic (circle one):** 1) Hispanic 2) Not Hispanic

**Race (circle one):** 1) White 2) Black 3) Alaskan/Am. Ind. 4) Asian 5) Hawaiian/Pac. Island  
6) White and Black 7) White and Am. Ind. 8) Black and Am. Ind. 9) White and Asian 10) Not Listed

**Residence (circle one):** 1) Farm 2) Rural/10,000 3) Town/10-50,000 4) Suburb/50,000 5) City/50,000

Project Name	Project Code	Project Name	Project Code
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you require an accommodation for a disability to participate in this program? \_\_\_\_\_

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

**Member Signature** \_\_\_\_\_ **Leader Signature** \_\_\_\_\_

**Parent Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_