

4-H Enrollment Form

Hardin County

Club: _____

Category (circle one): 1) Member 2) Clover Kid
 Enrollment (circle one): 1) New Enrollment 2) Re-Enrollment

Last Name: _____ First Name: _____ MI: _____

Address: _____ City: _____ Zip: _____

School Name: _____ Grade: _____ Year in 4-H: _____ Gender: F or M

Birthday: ____/____/____ E-mail: _____

Ethnic (circle one): 1) Hispanic 2) Not Hispanic
 Race (circle one): 1) White 2) Black 3) Other
 Residence (circle one): 1) Farm 2) Town under 10,000

Project Name (List on reverse)	Project Code	Need Lit.	Year in Project
_____	_____	Yes/No	_____
_____	_____	Yes/No	_____
_____	_____	Yes/No	_____
_____	_____	Yes/No	_____
_____	_____	Yes/No	_____
_____	_____	Yes/No	_____

Parent Information (circle one): Primary Parent Additional Parent Other: _____
 Parent Last Name: _____ First Name: _____
 Address: _____ City: _____ Zip: _____
 Home Phone: _____ Work Phone: _____
 Occupation/Employer: _____
 Email: _____

Parent Information (circle one): Primary Parent Additional Parent Other: _____
 Parent Last Name: _____ First Name: _____
 Address: _____ City: _____ Zip: _____
 Home Phone: _____ Work Phone: _____
 Occupation/Employer: _____
 Email: _____

I give permission to have my image/voice used by ISU Extension for educational purposes. I understand that my image/voice will be used to help explain the educational programs of ISU Extension.

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

Member Signature _____ **Leader Signature** _____
Parent Guardian Signature _____ **Date** _____