

Boone County 4-H Enrollment Form



\$30 per member program development fee is due with this enrollment form to your 4-H club leader.
Financial assistance is available and confidential. Check here for information on financial assistance ____
Family limit is \$90 (3 members.) Additional family members are paid by Boone County 4-H Foundation.

Category (*Circle One*): **M** – Member **G** – Organization Leader **P** – Project Leader

Enrollment Type (*Circle One*): **N** – New Enrollment **R** – Re-Enrollment **C** – Club Change

Club Name _____

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

Address: _____ **City** _____ **ZIP** _____

School: _____ **Grade:** _____ **Birthday:** _____ / _____ / _____

Year in 4-H: _____ **Gender:** M or F **E-mail (please print clearly):** _____

Ethnic/Race (*circle all that apply*): White Black Asian Hispanic American Indian Hawaiian or Pacific

Project Name	Project Number	Need Literature	Project Name	Project Number	Need Literature
_____	_____	YES NO	_____	_____	YES NO
_____	_____	YES NO	_____	_____	YES NO
_____	_____	YES NO	_____	_____	YES NO
_____	_____	YES NO	_____	_____	YES NO
_____	_____	YES NO	_____	_____	YES NO
_____	_____	YES NO	_____	_____	YES NO

4-H Member Signature _____

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

Address: _____ **City:** _____ **IA** **ZIP:** _____

Occupation: _____ **Parent E-mail (please print)** _____

Home Phone () _____ **Work Phone** () _____ **Cell Phone** () _____

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

Address of Second Parent if different than primary: _____

Occupation: _____ **Parent E-mail (please print)** _____

Home Phone () _____ **Work Phone** () _____ **Cell Phone** () _____

I want the club 4-H Leaders and Extension Office to be aware of the following medical concern(s): _____

Parent /Guardian Signature _____ **Date:** _____