4-H Enrollment Form

Carroll County 2005-2006

Club:_____

Category (Circle One): M-Member C-Cloverbud/Mini 4H G-Organization Leader
A-Activity Leader R-Resource Leader S-Special P-Project Leader

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

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

Address:_____ City:_____ State:_____ Zip:_____

School:_____ Soc Sec Number:_____ Year in 4-H:_____

Gender:_____ Birthday:____/____/_____ Age:_____ Grade:_____

Other 4-H Memberships:_____

Ethnic (Circle One): Caucasian African Am. Am. Indian Hispanic Asian Am. Mixed
Residence (Circle One): Farm Rural under 10,000 Town 10,000-50,000
Suburb Over 50,000 City Over 50,000

Project Name	Project Code	Project Name	Project Code

I want the Extension Office to be aware of the following disability:_____

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

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_____