

Postal Mail Email

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

Emergency Contact

Name	Phone
Email	Relationship

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"/> I have a sibling serving in the military	<input type="checkbox"/> I have a son/daughter serving in the military
<input type="checkbox"/> Myself, and/or my spouse, is currently serving in the military	

Branch Air Force Army Coast Guard DOD Civilian Marines Navy

Component Active Duty National Guard Reserves

Clubs

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

Projects

Enroll	Project	Club	Volunteer Title	Years In
<input type="checkbox"/> (Enroll)				

Adult Signature _____ **Date** _____

County Only					
Fee Paid	Date	Cash/Check No.	Medical Release	Ethics Form	Photo Permission