



County _____
4-H Club (s) _____

New Enrollment.....	<input type="checkbox"/>
Re-enrollment.....	<input type="checkbox"/>
Youth Leader	<input type="checkbox"/>

Family Information:

Family Last Name _____ Family E-mail _____

Family Primary Phone _____

Family Mailing Address _____
Street/Mailing Address City Zip

Correspondence Preference mail email

Member Information:

Legal Name (please print) _____
First Middle Last

Birth Date _____

Gender: Male Female

Receive Newsletter's via E-mail?

Cell Phone _____

Is it okay to text this number? List Cell Phone Carrier _____ Year in 4-H _____

Parent 1 _____
First Last

Parent 2 _____
First Last

Cell Phone _____

Cell Phone _____

Work phone _____

Work phone _____

E-mail _____

Legal Guardian Send Mailing

Legal Guardian Send Mailing

Ethnicity (check one) Hispanic Not Hispanic

Race (check all that apply) White Black Alaskan/Am Indian Hawaiian/Pac. Island Asian
Balance/Other Prefer Not to State

Residence (check one) Farm Rural/10,000 Town/10 - 50,000 Suburb/50,000 City/50,000

Family Member in Military? Y N What Branch? _____ Reserve or Guard? _____

School _____ Grade _____

Project Name	Year in Project	Is project manual needed?	For Office Use Only
		<input type="checkbox"/> Yes	<input type="checkbox"/>
		<input type="checkbox"/> Yes	<input type="checkbox"/>
		<input type="checkbox"/> Yes	<input type="checkbox"/>
		<input type="checkbox"/> Yes	<input type="checkbox"/>
		<input type="checkbox"/> Yes	<input type="checkbox"/>
		<input type="checkbox"/> Yes	<input type="checkbox"/>