



Oregon 4-H Member Enrollment Form Migrant Middle School Camp - August 1-5, 2017

County: _____ Club/Activity 4-H: Migrant Middle School Camp

New Enrollment Re-enrollment Youth Leader

Participant (please print): _____
Last First Middle

Parent or Guardian: _____

Address: _____
Street/Mailing Address City Zip Code

School: _____ **Grade** _____ **Year in 4-H** _____ **Birth Date** _____

Gender: Male Female **Residence** (select one) Farm Rural/10,000 Town/10 - 50,000
 Suburb/50,000 City/50,000

E-mail _____ **Would you like to receive information via E-mail?**

Cell Phone _____ Is it okay to text this number? Yes _____ No _____ List Cell Phone Carrier: _____

List any special accommodation for a disability to participate in this program. _____

Ethnicity (select one) Hispanic Non-Hispanic
Race or auto-identification (select what applies) White African American Asian Alaskan/Native American
 Hawaiian/Pacific Island Prefer Not to State

Parent/Guardian 1 _____ <small style="margin-left: 100px;">Last, First</small>	Parent/ Guardian 1 _____ <small style="margin-left: 100px;">Last, First</small>
Address (if different) _____	Address (if different) _____
City _____ Zip Code _____	City _____ Zip Code _____
Main Phone _____ Work _____	Main Phone _____ Work _____
Cell Phone _____	Cell Phone _____
E-mail _____	E-mail _____
Occupation _____	Occupation _____
<input type="checkbox"/> Legal Guardian <input type="checkbox"/> Send Mailing	<input type="checkbox"/> Legal Guardian <input type="checkbox"/> Send Mailing

Member of Military? Yes _____ No _____ **What Branch?** _____ **Reserve or Guard?** _____

Project/Activity Name	Year in Project? Circle 1 if first time	Is project manual needed?	For office use only
4-H International Summer Camps	1 2 3 4 5 6 7 8 9 10 11 12	Yes _____ No <u>X</u> _____	

Payment Information
No cost associated with this camp.

Mail Application to:
 Jaime Guillén, OSU 4-H Outreach, 106 Ballard Extension Hall, Corvallis, OR 97331

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