

Catoosa County 4-H Enrollment Form



***Please Fill In As Much As Possible

Date: _____

Teacher: _____ School: _____

Last Name: _____ First Name: _____

Address: _____ City: _____ Zip: _____

Birth Date (mm/dd/yyyy): ____/____/____ Age: _____ Grade: _____ Gender: Male Female

Racial Classification (Circle All That Apply): White African American/Black American Indian Asian Pacific Islander

Circle Any That Apply: Hispanic Ethnicity (at least one parent is Hispanic) Military Family (parent is active or retired)

Home or Cell Phone: _____ Parent/Guardian E-mail: _____

If I was going to call your house about 4-H, who do I need to ask to speak to: (Circle All That Apply)

Parent Grandparent Aunt/Uncle Other

Last Name: _____ First Name: _____ Cell Phone: _____

Last Name: _____ First Name: _____ Cell Phone: _____

Health Concerns/Special Needs: _____

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