



4-H Enrollment Form



School Year: _____

Last Name: _____ First Name: _____ MI: _____

Address: _____ City: _____ Zip: _____

School: _____ Years in 4-H: _____

Birthday: ____/____/____ Grade: _____ Gender (circle one): Male Female Age: _____

Racial Classification (circle all that apply): White African-American or Black American Indian Asian Pacific-Islander

Residence (circle one): Farm Rural (under 10,000) Town (10,000-50,000)

Circle any that apply: Hispanic ethnicity Military family

Home/Cell Phone: _____ E-mail: _____

Parents or guardians you live with:

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

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

Additional parent you do not live with:

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