



GREENE COUNTY 4-H Enrollment Form

*Required

Club Name (Grade): _____ School: _____

Last Name*: _____ First Name*: _____ M.I.: _____

Birthday*: ____/____/____ Grade*: _____ Age* ____ Gender: Male Female

Mailing Address: _____

City: _____ Zip Code: _____

Email: _____

Racial Classification* (check all that apply):

White African-American or Black Asian American Indian Asian Pacific Islander

Ethnicity (check one): Hispanic Non-Hispanic Military Family *: check one): YES NO

Residence*: Farm/Rural (under 10,000) Town (10,000-50,000)

Suburb (more than 50,000) City (more than 50,000)

Health concerns or special needs you'd like the Extension Office to be aware of: _____

Parent / Guardian Information:

Parent/Guardian #1:

Last Name: _____ First Name: _____ Phone: _____

Gender (check one): Male Female

Parent Type (check one): Mother Father Step-Parent Grandparent Other: _____

Mailing Address: _____ Zip Code: _____

Email: _____

Parent/Guardian #2:

Last Name: _____ First Name: _____ Phone: _____

Gender (check one): Male Female

Parent Type (check one): Mother Father Step-Parent Grandparent Other: _____

Mailing Address: _____ Zip Code: _____

Email: _____