

## 4-H Enrollment Form

Club Name: Taliaferro 4H



Last Name\*: \_\_\_\_\_ First Name\*: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

School: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_ 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) Suburb (more than 50,000) City (more than 50,000)

Ethnicity\* (circle one): Hispanic Non-Hispanic Military Family\* (circle one): Yes No

Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

### Parents or guardians you live with:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Additional parent you DO NOT live with:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Health concerns or special needs you'd like the extension office to be aware of: \_\_\_\_\_

\*Required

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