4-H Information Card

Health Concerns (i.e.: asthma, drug allergy, diabetes, etc.):____

(Example: 2013-2014) Club Name:_____ ____ Club Code: (4-H Staff fills in this space) (4-H Staff fills in this space) __ First Name: __ MI: _____ Last Name:_____ (If you use a different name than your first name, please write it in and circle it.) P.O. Box: _____Street Address: _____ City: _____ Zip: ____ Years in 4-H: ___ (since& including 5th grade) School: (school you attend) 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) Circle any that apply: Hispanic ethnicity Military Family Home Phone: ______ 4-H'er Cell Phone: _____ 4-H'er Email Address: Parent or Guardian Information Parent or Guardian you live with: Mother's Last Name: ______ Mother's First Name: _____ _____ Cell Phone: _____ Work Phone: Email Address: Father's Last Name: _____ Father's First Name: _____ Work Phone: _____ Cell Phone: _____ Email Address: (Complete the bottom section only if YOU live with someone other than parents or legal guardians.) Other Guardian (other than your parents that you live with) Last Name: ______First Name: _____ Work Phone: ____ Cell Phone: Email Address: Last Name: First Name: Work Phone: _____ Cell Phone: ____ Email Address: 4-H Special Interest Area (i.e.: shotgun, BB, archery, livestock shows, etc.):_____

For year: ___