Club Name:		4-H Enrollment Fol	rm		
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 the Residence* (circle one): Farm Ethnicity* (circle one): Hispanic Cell Phone:	Rural (under 10,000) Non-Hispanic	Town (10,000-50,000)	American Indian Suburb (more than <b>Military Family*</b> (a	n 50,000) ( circle one): Yes	cific-Islander City (more than 50,000) No
Parents or guardians you live v	vith:				
Last Name:	First Name:	C	ell Phone:	Ema	il:
Last Name:	First Name:	C	ell Phone:	Ema	il:
Additional parent you DO NOT	<b>F</b> live with:				
Last Name:	First Name:	C	ell Phone:	Ema	il:
Health concerns or special nee <sup>*</sup> Required Club Name:	·	4–H Enrollment For			
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         Residence* (circle one):         Farm         Ethnicity* (circle one):         Hispanic         Cell Phone:	Rural (under 10,000) Non-Hispanic	Town (10,000-50,000)	American Indian Suburb (more that Military Family* (a	n 50,000) circle one): Yes	rific-Islander City (more than 50,000) No
Parents or guardians you live v	vith:				
Last Name:	First Name:	Ce	ll Phone:	Ema	il:
Last Name:	First Name:	Ce	ll Phone:	Ema	il:
Additional parent you DO NOT	<b>Flive with:</b>				
Last Name:	First Name:	C	ell Phone:	Ema	il:
Health concerns or special need	ds you'd like the exte	ension office to be aware	of:		