### 4-H Enrollment Form

Club Name: ______________________

**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:

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Cell Phone</th>
<th>Email</th>
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<tbody>
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**Additional parent you DO NOT live with:**

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<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Cell Phone</th>
<th>Email</th>
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Health concerns or special needs you’d like the extension office to be aware of: __________________________________________

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*Required