

Enrollment Form School Grade Club:_

Teacher:_	
School:	
Grade.	

4-H Year: 2016-2017

About You and Your Family!							
Name:		Family Email:					
Last name First name	Middle initial	mom or dad's email					
Home Phone:	C	ell Phone:					
Mailing Address:Street Name & Number	r or P.O. Box						
City:	State: _	Zip Code:					
More About You!							
Your Email:		Birthdate:					
Gender: Male Female Y	our Cell Phone:	Month / Day / Year					
Can we text you? Yes No If yes, who is your Cell Provider:							
Parent/Guardian 1:		Parent/Guardian 2:					
First name		First name					
Last name		Last name					
Cell Phone:		Cell Phone:					
Email:		Email:					
Do you live with this person? Yes	□No	Do you live with this person? Yes No					
Ethnicity: Are you of Hispanic ethnic	rity? 🗌 Yes 🗌 No (plo	ease indicate both ethnicity and race)					
Race: White Black or African American American Indian or Alaskan Native Native Hawaiian or Pacific Islander Asian Other Combination Prefer Not to State	Town/City 10 Suburb of city	0,000 and rural non-farm 0,000-50,000 and its suburbs The more than 50,000 nore than 50,000					

What would you like to do in 4-H?

Select no more than

projects

Animals & Agriculture	✓	The ones	Creative Arts	✓	The ones
Science & Technology	✓	The ones you like	Natural Resources	√	The ones you like
Healthy Living	✓	The ones	Consumer Science	√	The ones
Leadership & Citizenship	✓	The ones you like	Other	✓	The ones you like



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