

4-H Enrollment Form

Jackson County

2007-08 Program Year

In order to be a bonafide member, you must complete an enrollment form and participation form, and return it to the Extension Office at 2741 Pennsylvania Avenue, Suite #3, Marianna, FL 32448.

Name of 4-H Club or Group: _____

Enrollment Type (circle one): New member Returning member Change/drop from club

Last Name: _____ First Name: _____ MI _____

Address: _____ City: _____ Zip _____

School: _____ Gender: _____ Grade: _____

Birthdate: _____ Email: _____

Ethnicity (circle one): Hispanic Not Hispanic

Race (circle all that apply): White Black Alaskan/ Am. Indian Asian Pacific Islander

Residence (circle one): Farm Rural (towns under 10,000) Town (10,000-50,000)

Do you have a disability that you would like the 4-H Office to be aware of?

Parent/Guardian Last Name: _____ First Name: _____

Address (if different from above): _____

City _____ Zip _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Legal Guardian: Yes / No

_____ **I do not want University Extension/4-H to reveal my name, address, or telephone number as part of a public record or list.**

You must enroll in at least one (1) project for the year:

Office Use Only	From the projects offered, I would like to participate in the following:	Project Book Needed? (yes/no)

Member signature

Date

Parent/guardian signature

Date