

4-H Enrollment Form

Club: _____

FOR OFFICE USE ONLY County Code: _____ Club Code: _____ Member Code: _____

Category (Circle One): M - Member C - Cloverbud/Mini 4-H G - Organization Leader
 A - Activity Leader R - Resource Leader S - Special P - Project Leader

Enrollment Type (Circle One): N - New Enrollment R - Re-Enrollment

Last Name: _____ First Name: _____ M.I.: _____

Address: _____ City: _____ State: _____ Zip: _____

School: _____ Soc Sec #: _____ - _____ - _____ Year in 4-H: _____

Youth Leader: _____ Gender: M F Birthday: ____ / ____ / _____ Grade in School: _____

Other 4-H Memberships: _____ Phone #: _____

County of Residence: Wyoming Other: _____ **Enrollment Fee Paid: \$** _____

(\$5.00 fee for Wyoming County residents OR \$10.00 fee for out-of-county residents)

Ethnic (circle one): Caucasian African Am. Am. Indian Hispanic Asian Am. Mixed
Residence (circle one): Farm Rural (*Under 10,000*) Town (*10,000 - 50,000*) Suburb (*Over 50,000*) City (*Over 50,000*)

Project Name	Project Code	Youth Leader	Need Lit.	Year in Project
_____	_____	Yes / No	Yes / No	_____
_____	_____	Yes / No	Yes / No	_____
_____	_____	Yes / No	Yes / No	_____
_____	_____	Yes / No	Yes / No	_____
_____	_____	Yes / No	Yes / No	_____
_____	_____	Yes / No	Yes / No	_____
_____	_____	Yes / No	Yes / No	_____
_____	_____	Yes / No	Yes / No	_____

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I want the Extension Office to be aware of the following disability: _____

I do not want University Extension to reveal my name, address or telephone number as part of a public record or list.

Member Signature: _____ Leader Signature: _____

Parent/Guardian Signature: _____ Date: _____