

Henry County 4-H Enrollment Form

Enrollment Deadline: March 15th *Additions/Deletions Deadline: April 15th*

Club: _____ Year: _____

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

Enrollment Category: _____ Member _____ Cloverbud Member Note change of Address

Last Name: _____ First Name: _____ Initial: _____

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

Telephone #: _____ Cell _____ Email: _____
(only if valid & used regularly)

Date of Birth: ___/___/___ I am a : ___ Boy ___ Girl Year in 4-H: _____

County of Residence: _____ Grade in School: _____ School: _____

Ethnic/Race: (circle) W-White AA-African American A-Asian H-Hispanic
WA-White & Asian WA-White/African American NA-Native American

Residence: (circle) Farm Rural/10,000 Town/10-50,000

Do you have a parent/s currently serving in: _____ Army _____ Navy _____ Marines _____ Air Force
_____ Coast Guard

I am the following officer in my club: _____

Project # in Project	Insert/Book/Resource	Project Name	Year
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you require any accommodations for a disability to participate in this program?
___ Yes ___ No If yes, please indicate needs: _____

___ I give permission to publish in print, electronic, or video format the likeness or image of my child. I release all claims against the University with respect to copyright ownership and publication including any claim for compensation related to use of the materials. (Check only if you give permission.)

Member Signature: _____ Advisor Signature: _____

Parent/Guardian Signature: _____

OVER>>>>

Parent/Legal Guardian Information

All 4-H mailings are directed to the primary parent/guardian listed below. Additional mailings may be directed to other parental/legal guardians at a different address if indicated below. We will be using email to communicate as well.

Parent Last Name: _____ First Name: _____ Middle I: _____

Address: _____
Street City State Zip

Home Phone#: _____ Work Phone#: _____ Cell Phone#: _____

E-mail: _____ Occupation (optional) _____
(only if valid & used regularly)

Additional Parent/Legal Guardian Information

Parent Last Name: _____ First Name: _____ Middle I: _____

Address: _____
Street City State Zip

Home Phone#: _____ Work Phone#: _____ Cell Phone#: _____

E-mail: _____ Occupation (optional) _____
(only if valid & used regularly)

Send 4-H Mailings/Emails: ___Yes___No

Additional Parent/Legal Guardian Information

Parent Last Name: _____ First Name: _____ Middle I: _____

Address: _____
Street City State Zip

Home Phone#: _____ Work Phone#: _____ Cell Phone#: _____

E-mail: _____ Occupation (optional) _____
(only if valid & used regularly)

Send 4-H Mailings/Emails: ___Yes___No