



2011-2012 Douglas County: **Enrollment fee (all members): \$35**  
 Project manuals: cost varies – please check price sheet. Make checks payable to: D.C. Extension Fund

## 4-H Member Enrollment Form

County \_\_\_\_\_  
 4-H Club (s) \_\_\_\_\_  
 \_\_\_\_\_

New Enrollment.....  
 Re-enrollment.....  
 Youth Leader .....

**Legal Name** (please print) \_\_\_\_\_  
Last First Middle

**Address** \_\_\_\_\_  
Street/Mailing Address City Zip

**School** \_\_\_\_\_ **Year in 4-H** \_\_\_\_\_ **Birth Date** \_\_\_\_\_

**Gender:**  Male  Female **Grade** \_\_\_\_\_ **Residence** (check one)  Farm  Rural/10,000  
 Town/10 - 50,000  Suburb/50,000  City/50,000

**E-mail** \_\_\_\_\_  **Receive Newsletter's via E-mail?**

**Cell Phone** \_\_\_\_\_  **Is it okay to text this number?** **List Cell Phone Carrier** \_\_\_\_\_

**List any special accommodation for a disability to participate in this program.** \_\_\_\_\_

**Ethnicity** (check one)  Hispanic  Not Hispanic  
**Race** (check one)  White  Black  Alaskan/Am Indian  Asian  Hawaiian/Pac. Island  
 White/Black  White/Am.  Black/Alaskan/  White/Asian  Other  
Indian/Alaskan Am. Indian

**Parent 1** \_\_\_\_\_ **Parent 2** \_\_\_\_\_  
Last, First Last, First

**Address** (if different) \_\_\_\_\_ **Address** (if different) \_\_\_\_\_

**City** \_\_\_\_\_ **Zip** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Home** \_\_\_\_\_ **Work** \_\_\_\_\_ **Home** \_\_\_\_\_ **Work** \_\_\_\_\_

**Cell Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**E-mail** \_\_\_\_\_ **E-mail** \_\_\_\_\_

**Occupation** \_\_\_\_\_ **Occupation** \_\_\_\_\_

**Legal Guardian**  **Send Mailing**  **Legal Guardian**  **Send Mailing**  
**Member of Military?** Y N **What Branch?** \_\_\_\_\_ **Reserve or Guard?** \_\_\_\_\_

Project Name	Year in Project	Is project manual needed?	Manual #	Manual Price	For Office Use Only
		<input type="checkbox"/> Yes		\$	<input type="checkbox"/>
		<input type="checkbox"/> Yes		\$	<input type="checkbox"/>
		<input type="checkbox"/> Yes		\$	<input type="checkbox"/>
		<input type="checkbox"/> Yes		\$	<input type="checkbox"/>
		<input type="checkbox"/> Yes		\$	<input type="checkbox"/>
		<input type="checkbox"/> Yes		\$	<input type="checkbox"/>

**Total \$**

We have read and understand the 4-H enrollment rules, deadlines and requirements. We have read and agreed to abide by the 4-H Code of Conduct on the back of this form.

Member's Signature \_\_\_\_\_ Date \_\_\_\_\_ Parent or guardian signature (required) \_\_\_\_\_ Date \_\_\_\_\_

Organizational Leader \_\_\_\_\_ Date \_\_\_\_\_

