



Wisconsin 4-H Member Enrollment Form

Please Print Information



County _____ 4-H Club _____
 Last Name _____ First Name _____ MI _____
 Street / Mailing Address _____
 City _____ State _____ Zip _____
 Home Phone _____ Primary Cell Phone _____
 Date of Birth _____ Gender: Male Female

Ethnicity: (check one): Hispanic or Latino - **OR** - Not Hispanic or Latino
Race (check all that apply): White Black or African American
 American Indian or Alaskan Native Asian
 Native Hawaiian or Other Pacific Islander More than one Race Undetermined
Residence: Farm Rural Non-Farm or Town less than 10,000 Town/City 10,000 to 50,000
 Suburb of City over 50,000 City over 50,000

Grade _____ School Name _____ Year in 4-H (Incl. this yr.) _____
 Primary E-mail Address _____
 I Will Accept E-mail Communication: Yes No
 Is your parent/guardian/sibling a member of the military? Yes No Branch? _____

Parent/Guardian(s) Residing at the Same Address as the Member

Name(s) _____
 Work Phone _____
 Cell Phone _____
 E-mail _____

Parent/Guardian(s) Residing at a Different Address as the Member

Parent/Guardian Name(s) _____
 Street / Mailing Address _____
 City _____ State _____ Zip _____
 Home Phone _____ Work Phone _____
 Cell Phone _____
 Parent/Guardian's E-mail _____

Please attach additional parent/guardian name(s) and contact information to this form _____

- Yes No I want the University of Wisconsin-Extension to keep my name and contact information private when creating a public record or list.
- Yes No I grant the University of Wisconsin Board of Regents and University of Wisconsin-Extension (hereinafter University) the right to publish, and copyright my image (including audio, moving image or photography) for educational programs, websites, and promotion of University programs.
- Yes No I require an accommodation for a disability to participate in this program.

Form Continues on Next Page



