



# Wisconsin 4-H Member Enrollment Form



Please Print Information

County \_\_\_\_\_ 4-H Club \_\_\_\_\_  
 Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_  
 Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: Male Female  
 Grade \_\_\_\_\_ School Name \_\_\_\_\_ Year in 4-H (Incl. this yr.) \_\_\_\_\_  
 E-mail address where you'd like to receive communication \_\_\_\_\_  
 If available, I'd prefer electronic communication: Yes No

**Residence:** Farm Rural non-farm or Town less than 10,000 Town/City 10,000-50,000  
Suburb of City over 50,000 City over 50,000

**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

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

Parent/Guardian Name(s) \_\_\_\_\_  
 Work Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_  
 Parent's E-mail \_\_\_\_\_  
Please attach additional parent/guardian name(s) and contact information to this form

**Project Enrollment - For more projects, please attach an additional page.**

<u>Project Code</u>	<u>Project Name</u>	<u>Need Literature</u>
_____	_____	Yes or No
_____	_____	Yes or No
_____	_____	Yes or No
_____	_____	Yes or No
_____	_____	Yes or No
_____	_____	Yes or No
_____	_____	Yes or No
_____	_____	Yes or No

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 want the University of Wisconsin-Extension to keep my name and contact information private when creating a public record or list.

Yes No I require an accommodation for a disability to participate in this program.

Member Signature \_\_\_\_\_ Leader Signature \_\_\_\_\_  
 Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_