

4-H Member/Cloverbud Enrollment Form

Columbia County 4-H Club: _____

Enrollment Type: New Re-Enroll

Is your family new to Columbia County 4-H? Yes No

Last Name: _____ First Name: _____

Street Address: _____

City: _____ Zip: _____ Phone: (_____) _____ - _____

Date of Birth: ____/____/____ Gender: Male Female

School: _____ Current Grade: _____ Year in 4-H: _____

This following information is used for reporting purposes only.

Ethnic (check one): Hispanic Non-Hispanic

Race (check one): White African American White/African American Asian White/Asian
 White/Am. Indian Af. American/Am. Indian Alaskan/Am. Indian Hawaiian/Pac. Island

Residence (check one): Farm Rural (10,000) Town (10-50,000) Suburb (50,000) City (50,000)

Project Name <i>(Example: Beef 1)</i>	Project Code # <i>(Example: Beef 1 = 211)</i>	Youth Leader <i>(circle one)</i>	Need Literature <i>(circle one)</i>	Year in Project
1		Yes No	Yes No	
2		Yes No	Yes No	
3		Yes No	Yes No	
4		Yes No	Yes No	
5		Yes No	Yes No	

(Additional pages may be added)

YES NO

I grant the University of Wisconsin-Extension Columbia County, the right to use and publish my image (including audio, moving image and photograph) in the 4-H newsletters, on the Columbia County 4-H web page, for fair activity displays, for newspaper publicity and computer photo presentations.

YES NO

UW-Extension can reveal my name, address, or telephone number as part of a public record or list.

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

4-H Member's Signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____

General Leader's Signature: _____ Date: _____

Return enrollment form to your 4-H club's General Leader.

Parent's Information

Member's Last Name: _____ Member's First Name: _____

PARENT 1

Parent's Last Name: _____ Parent's First Name: _____

Street Address: _____ City/State/Zip: _____

Phone: Home _____ Work (optional) _____ Cell (optional) _____

E-Mail: _____

Occupation (optional): _____

Parent Type: Primary Parent Additional Parent Other: _____

Legal Guardian: Yes No Send Mailing: Yes No

PARENT 2

Parent's Last Name: _____ Parent's First Name: _____

Street Address: _____ City/State/Zip: _____

Phone: Home _____ Work (optional) _____ Cell (optional) _____

E-Mail: _____

Occupation (optional): _____

Parent Type: Primary Parent Additional Parent Other: _____

Legal Guardian: Yes No Send Mailing: Yes No

PARENT 3

Parent's Last Name: _____ Parent's First Name: _____

Street Address: _____ City/State/Zip: _____

Phone: Home _____ Work (optional) _____ Cell (optional) _____

E-Mail: _____

Occupation (optional): _____

Parent Type: Primary Parent Additional Parent Other: _____

Legal Guardian: Yes No Send Mailing: Yes No