



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 _____