



18 USC 707

Wisconsin 4-H Member Enrollment Form

Please Print Information



18 USC 707

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

Military Family: Yes No If Yes, Which Branch? _____

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

Parent/Guardian Name(s) _____

Work Phone _____ Cell Phone _____

Parent/Guardian's 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



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