

# Washington County 4-H Enrollment Form

“Example 2”

Club: \_\_\_\_\_ **1**

**2**

**FOR OFFICE USE ONLY**  
County Code: \_\_\_\_\_ Club Code: \_\_\_\_\_ Member Code: \_\_\_\_\_

**Category (Circle One):** M-Member C-Cloverbud/Mini 4-H G-Organizational Leader  
A-Activity Leader R-Resource Leader S-Special P-Project Leader **3**

**Enrollment Type (Circle One):** N-New Enrollment R-Re-enrollment D-Drop From Club **4**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ **5**

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

School: \_\_\_\_\_ Year in 4-H: \_\_\_\_\_

Youth Leader \_\_\_\_\_ Gender: \_\_\_\_\_ Birthday: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ 4-H Age: \_\_\_\_\_ Grade: \_\_\_\_\_  
(As of Oct. 1) (As of Oct. 1)

E-mail Address: \_\_\_\_\_

**Ethnic (Circle One):** 1) Hispanic 2) Not Hispanic **6**

**Race (Circle One):** 1) White 2) Black 3) Alaskan/Am. Ind. 4) Asian 5) Hawaiian/Pac. Island 6) White & Black  
7) White & Alaskan/Am. Ind. 8) Black & Alaskan/Am. Ind. 9) White & Asian 10) Other

**Residence (Circle One):** 1) Farm 2) Rural Under 10,000 3) Town 10,000-50,000 4) Suburb Over 50,000 5) City Over 50,000

Project Name	Project Code	Yth. Leader (Circle Yes or No)	Need Lit. (Circle Yes or No)	Year in Project
_____	_____	Yes/No	Yes/No	_____
_____	_____	Yes/No	Yes/No	_____
_____	_____	Yes/No	Yes/No	_____
_____	_____	Yes/No	Yes/No	_____
_____	_____	Yes/No	Yes/No	_____
_____	_____	Yes/No	Yes/No	_____
_____	_____	Yes/No	Yes/No	_____

**7**

\_\_\_\_\_ **8**  
I do not want University Extension to reveal my name, address, phone, or e-mail address as part of a public record/list.

**9**

I grant the University of Wisconsin Board of Regents and University of Wisconsin-Extension (hereinafter university), the right to use, publish, and copyright my image (including audio, moving image or photograph) for educational programs, websites, and promotion of University programs. The University adheres to all Federal and State laws associated with this use.

**10**

Do you require an accommodation for a disability to participate in this program? \_\_\_\_\_

**Parent Information** Circle One: Primary Parent Additional Parent Legal Guardian Other

**New members must complete this section:**

**11**

Parent Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

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Member Signature: \_\_\_\_\_ Leader Signature: \_\_\_\_\_ **13**

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_ **14**

\*If you would like mailings sent to additional address(s), please request additional forms.

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