

WINNEBAGO COUNTY 4-H ENROLLMENT FORM

FOR OFFICE USE ONLY

County Code: _____ Club Code: _____ Member Code: _____

CLUB _____

Category (circle one):

1-Member 2-Cloverbud 3-Organizational Leader 4-Activity Leader 5-Project Leader 6-Resource Leader

Enrollment Type (circle one): **N**-New Enrollment **R**-Re-Enrollment

Last Name: _____ First Name: _____ M.I. _____

Address: _____ City: _____ Zip: _____

Phone: (____) _____ Cell Phone: (____) _____ School: _____

Year in 4-H: _____ Birthday: ____/____/____ Gender: _____ Grade: _____ Age: _____ Youth Leader: Yes / No

E-Mail: _____

Residence (circle one): 1-Farm 2-Rural/10,000 3-Town/10-50,000 4-Suburb/50,000 5-City/50,000

Ethnic (circle one): 1-Hispanic 2-Not Hispanic

Race (circle all that apply): 1-White 2-Black 3-Alaskan/Am. Ind. 4-Asian 5-Hawaiian/Pac. Island

PARENT / GUARDIAN INFO

1. Last Name: _____ First Name: _____ M.I. _____

Address: _____ City: _____ Zip: _____

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

Parent Type (circle one): Primary Parent Additional Parent Other **Legal Guardian:** Yes / No

Send Mailing: Yes / No E-Mail: _____

2. Last Name: _____ First Name: _____ M.I. _____

Address: _____ City: _____ Zip: _____

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

Parent Type (circle one): Primary Parent Additional Parent Other **Legal Guardian:** Yes / No

Send Mailing: Yes / No E-Mail: _____

Project Name <i>(ex. Vegetables I)</i>	Project Code <i>(ex. 721)</i>	Youth Leader	Need Literature	Cost \$1.00 Each Per Project
		Yes / No	Yes / No	\$1.00
		Yes / No	Yes / No	\$2.00
		Yes / No	Yes / No	\$3.00
		Yes / No	Yes / No	\$4.00
		Yes / No	Yes / No	\$5.00
		Yes / No	Yes / No	\$6.00

• I grant the University of WI Board of Regents and University of WI-Extension (hereinafter University), the right to use, publish, and copyright my image (including audio, moving image or photograph) for educational programs, web sites, and promotion of University programs. **NO**

• Do you require an accommodation for a disability to participate in this program? _____

• _____ I do not want the University of Wisconsin-Extension to reveal my name, address or phone number as part of a public record or list.

Member Signature _____ **Leader Signature** _____

Parent/Guardian Signature _____ **Date** _____