



4-H ENROLLMENT FORM

DATE _____ BIRTHDATE _____ PHONE NO. () _____

NAME _____

ADDRESS _____
Last First Middle
Number and Street City Zip Code

PARENTS' INFORMATION:

MOTHER'S NAME: _____ () _____
Address Work Phone

FATHER'S NAME: _____ () _____
Address Work Phone

AGE _____ GRADE _____ SEX _____ THIS WILL BE MY _____ YEAR IN 4-H

Membership in the Florida 4-H Program of the Florida Cooperative Extension
 Service is open to all young people from the age of 8 through 18 years.

NAME OF 4-H CLUB OR GROUP _____
 SCHOOL _____

This information is utilized for reports to the United States Department of Agriculture.

CIRCLE THE NUMBER WHICH DESCRIBES WHERE YOU LIVE:

- 1. Farm
- 2. Towns under 10,000 and Rural Non-Farm
- 3. Towns and Cities 10,000 to 50,000
- 4. Suburbs of City over 50,000
- 5. Central Cities over 50,000

CIRCLE THE NUMBER WHICH DESCRIBES YOUR RACE:

- 1. White (not of Hispanic Origin)
- 2. Black (not of Hispanic Origin)
- 3. American Indian or Alaska Native
- 4. Hispanic
- 5. Asian or Pacific Islander

OFFICE USE	FROM THE PROJECTS OFFERED, I WISH TO TAKE THE FOLLOWING PROJECT(S) THIS YEAR	PROJECT BOOK NEEDED
AA,ETC		

EFNEP ONLY:
 MY FAMILY IS ENROLLED IN/GRADUATED FROM EFNEP YES__ NO__

 MEMBER'S SIGNATURE

 PARENT'S SIGNATURE

 LEADER'S SIGNATURE