



# 4-H Member Enrollment Form

Teacher's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Your Name: \_\_\_\_\_  
(First and Last Name)

Your Address: \_\_\_\_\_

Circle one:

Hawesville          Lewisport          Reynolds Station          Pellville

Your Birthdate: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month                          Day                          Year

Are you a: \_\_\_\_\_                          \_\_\_\_\_  
Boy    Girl

Check One: Are you:

White: \_\_\_\_\_ Black: \_\_\_\_\_

American Indian: \_\_\_\_\_ Hispanic: \_\_\_\_\_

Asian: \_\_\_\_\_

Parents/Grandparents Name: \_\_\_\_\_  
(First and Last Name of the person you live with)

Telephone Number: \_\_\_\_\_