



Wisconsin 4-H Member Enrollment Form

Please Print Information



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 10,000-50,000
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
 Is your parent/guardian/sibling
 a member of the military? Yes No Branch? _____

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

Name(s) _____	_____
Work Phone (____) _____	_____
Cell Phone (____) _____	_____
E-mail _____	_____

Parent/Guardian(s) Residing at a Different Address From 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.

