



**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

