

2007-2008 4-H ENROLLMENT FORM * NAME OF CLUB: _____

Fee is enclosed in the amount of \$ _____ for (✓ One):	
<input type="checkbox"/> Cloverbud	<input type="checkbox"/> Project Leader
<input type="checkbox"/> 4-H Member	<input type="checkbox"/> Project Leader
<input type="checkbox"/> 4-H Horse Project Member	<input type="checkbox"/> Horse Project Leader

FOR OFFICE USE ONLY: CC: 200 - Club Code: _____ - Member Code: _____

Circle One: M – Member C – Cloverbud G - Organizational/General Leader
P – Project Leader A – Activity Leader R – Resource Leader

Circle One: N – New Enrollment OR R – Re-enrollment

I would like to be a Florence County Junior Leader: ___Yes OR ___No (Must be in 8th grade or older.)

PLEASE USE INK PEN AND PRINT

Last Name: _____ First Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: () _____ - _____ Work Phone: () _____ - _____
School attending: _____
Year(s) in 4-H: _____ E-Mail Address: _____
Birth Date: ___/___/___ Gender: ___ M/F Grade Entering in Fall 2007: ___
Other 4-H Club Memberships: _____

Ethnic - ✓ One: ___White ___Black ___Alaskan/American Indian ___Hispanic ___Asian
___Hawaiian/Pacific Islander
Residence - ✓ One: ___Farm ___Rural Under 10,000 ___Town 10,000-50,000

Parent Information: (Needs to be completely filled out)

Home Phone: (715) _____ - _____
Father's Last Name: _____ First Name: _____
Mother's Full Name: _____
Father's Occupation: _____ Mother's Occupation: _____
Father's Work Phone: () _____ - _____ Mother's Work Phone: () _____ - _____

LIST PROJECTS ON BACK OF THIS FORM.

PROJECT NAME	PROJECT CODE	I NEED LITERATURE FOR THIS PROJECT: (✓)	HOW MANY YEARS HAVE YOU BEEN ENROLLED IN THIS PROJECT INCLUDING THIS YEAR?	<u>LEADERS</u> : I WISH TO SIGN UP AS A KEY LEADER IN THIS PROJECT (PLEASE ✓)

IMPORTANT: Please be sure to completely fill out this form.
All the information requested is important!

- ◆ Do you want the University Extension to reveal your name, address, or telephone number as part of a public record or list? Y or N
- ◆ Do you require an accommodation for a disability to participate in this program? Yes No

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The University adheres to all Federal and State laws associated with this use.

___ Yes ___ No

Member Signature: _____
Parent/Guardian Signature: _____
Leader Signature: _____
Date: _____

Date Rec'd at Extension Office: