

2008-2009 Kentucky 4-H Enrollment System



Member Form

Primary (Favorite) Club: _____

Enrollment Type (Circle One): N-New Enrollment R-Re-Enrollment

Last Name: _____

First Name: _____ M.I. _____

I prefer to be called: _____

Address: _____

City: _____ State KY Zip _____

School _____

E-mail address _____

Cell Phone Number _____

Including this year, you have been in 4-H _____ year(s).

Birthday ____/____/____ Age ____ Grade ____

Social Security Number ____-____-____

Gender: ____ Boy ____ Girl

Military Youth: ____ Yes ____ No

Ethnic (check one): Race (Check all that apply):

____ Hispanic ____ White

____ Non Hispanic ____ Black

 ____ Alaskan/American Indian

 ____ Asian

 ____ Hawaiian/Pac. Island

Residence (check one): You live:

 ____ On a farm

 ____ Other

Do you have a disability? ____ yes ____ no

If yes, describe the disability and any accommodations needed:

Projects, Activities and Clubs

What are YOU interested in?

(Please check all 4-H Clubs that you are currently part of or would like to join.)

4-H Clubs

____ Dairy

____ Sewing

____ Horse (Boots & Spurs)

____ Shooting Sports *(please select the disciplines you will be shooting)*

____ Rifle ____ Archery ____ Pistol ____ Black Powder

____ Shotgun/Trap

____ Poultry

____ Cooking

____ Teen

____ Home Schooled

____ Dog

____ Livestock

____ Photography

Please check all Projects & Activities that you would like more information about:

Activities

____ ATV Safety	____ Bicycle Rodeo
____ Dairy Judging	____ Babysitting Clinic
____ Tractor Driving	____ Fairs
____ 4-H Camp	____ Honors
____ Speech & Demo	____ Fashion Revue

Projects

____ Bicycle	____ Photography
____ Cooking	____ Entomology
____ Citizenship	____ Weather
____ Computers	____ Sewing
____ Forestry	____ Making Crafts
____ Knitting	____ Geology
____ Cross Stitching	____ Gardening
____ Woodworking	____ Sewing
____ Livestock	____ Crocheting

(Make sure to fill out front and back of this form)

Parent Information

4-H Member (Childs) Last Name: _____ First Name: _____ M.I. _____

Parent Last Name: _____	First Name: _____	M.I. _____
Address: _____	City: _____	State: _____ Zip: _____
Home Phone: () - _____	Work Phone: () - _____	
Cell Phone: () - _____	Occupation (optional): _____	
Parent Type (circle one):	Primary Parent	Additional Parent Other
Legal Guardian: Yes/No	Email: _____	
Are you willing to volunteer with 4-H? ___ Yes ___ No		
If yes check all that apply ___ club ___ projects ___ awards ___ fair ___ camp ___ trips		

Parent Last Name: _____	First Name: _____	M.I. _____
Address: _____	City: _____	State: _____ Zip: _____
Home Phone: () - _____	Work Phone: () - _____	
Cell Phone: () - _____	Occupation (optional): _____	
Parent Type (circle one):	Primary Parent	Additional Parent Other
Legal Guardian: Yes/No	Email: _____	
Are you willing to volunteer with 4-H? ___ Yes ___ No		
If yes check all that apply ___ club ___ projects ___ awards ___ fair ___ camp ___ trips		

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Signature of Parent or Guardian: _____ Date: _____

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Please return completed form to:
Grayson County Extension Service
123 Commerce Drive
Leitchfield KY 42754
(270) 259-3492