4-H SUMMIT

(You must provide the information asked for on each line. Please type or print legibly)

AGENTS: Please check to see if information on form is accurate and form is legible. Complete a separate registration form for all agents, leaders and teens. All registrations should be submitted on-line using the information given below. **Insurance, Medical & Release information should NOT BE MAILED and should be submitted on-site by the chaperone.**

First Name:				District:		
Last Name:				County:		
Address:				City:		
Zip Code:				Phone Number:		
Birth date:						
Ethnicity:	White	Black	American Indian/Alaskan Native	Asian	Native Hawaiian/Pacific Islander	Hispanic
Gender:	Male			Female		
Category:	Sixth Grade	Seventh Grade	Eighth Grade	Adult	STC Member	
Name of Parent/Guardian:				Name of Emergency Contact:		
Cell Phone (emergency use):				Other Phone (emergency use:		
We will attempt to honor all roommate requests. However, due to limited room availability we cannot guarantee this.						
Name of Preferred Roommates:				County of Preferred Roommates:		
Special Housing Needs/Considerations:						
Special Meal Needs/Considerations:						
Comments:						
T-Shirt Size	Youth: Medium Adult: Small Medium Large XLarge XXLarge XXXLarge					
AGENT ONLY:	_____ Consider Part of County Quota (Agents: Please see estimated registration for quota)			_____ Consider on a Space Available Basis		

Please initial the following items to verify they are submitted with this registration. These should be retained by the county and brought with applicant to 4-H Summit registration.

_____ Insurance Form

_____ Code of Conduct Form

_____ Medical Information Form

_____ Pick Up Release Form

Parent/Guardian Signature:	Date:
Delegates Signature:	Date:

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