



Name	County	Family Email	Correspondence Preferred
Email		First Name	
Last Name		Preferred Name	
Mailing Address		City	
State		Zip Code	
Birth Date		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Primary Phone		Cell Phone	
I wish to receive notices via text message	<input type="checkbox"/> No <input type="checkbox"/> Yes	Cell Phone Provider	
Years in 4-H		Work Phone	

Parent / Guardian 1

First Name	Last Name
Cell Phone	Work Phone
Work Extension	

Parent / Guardian 2

First Name	Last Name
Cell Phone	Work Phone
Work Extension	Address
Address 2	City
State	Zip Code
Home Phone	Email

Second Household

Send Correspondence	<input type="checkbox"/> No <input type="checkbox"/> Yes	Correspondence Preferred	<input type="checkbox"/> Postal Mail <input type="checkbox"/> Email
Family Name		First Names	
Primary Phone		Mailing Title	
Address		Address 2	
City		State	
Zip Code		Email	

Emergency Contact

Name	Phone
Email	Relationship

Volunteer

Select "Yes" if you serve in a leadership capacity in 4-H. Yes

Examples for youth: Junior Leader, Club Officer, etc.

Ethnicity

Race (check all that apply) White Black American Indian or Alaskan Native

Are you of Hispanic ethnicity? No Yes

(Please indicate both an ethnicity and race) Native Hawaiian or Pacific Islander Asian Prefer Not to State

Residence

Residence Farm (rural area where agricultural products are sold) Suburb of city more than 50,000

Town under 10,000 and rural non-farm Central city more than 50,000

Town / City 10,000 - 50,000 and its suburbs

Military Service of Family

Military Service No one in my family is serving in the military I have a parent serving in the military

I have a sibling serving in the military

Branch Air Force Army Coast Guard DOD Civilian Marines Navy

Component Active Duty National Guard Reserves



School Information

School County	School District	
School Name	School Type	<input type="checkbox"/> Charter School
School Grade		<input type="checkbox"/> Home School / Alternative
<input type="checkbox"/> Kindergarten		<input type="checkbox"/> Magnet / Specialized School
<input type="checkbox"/> 1-12 (type grade) _____		<input type="checkbox"/> Private School
<input type="checkbox"/> Post High School Education		<input type="checkbox"/> Public School
<input type="checkbox"/> Not in School		<input type="checkbox"/> Special Education
<input type="checkbox"/> Special		<input type="checkbox"/> Vocational Education

Additional Information (Other)

T-Shirt Information	Prefer:	T-Shirt Size:	<input type="checkbox"/> Youth	<input type="checkbox"/> Adult (Select youth or adult and size.)
	<input type="checkbox"/> Male or <input type="checkbox"/> Female shirt?	<input type="checkbox"/> XSmall	<input type="checkbox"/> Small	<input type="checkbox"/> Medium
		<input type="checkbox"/> XXLARGE	<input type="checkbox"/> XXXLARGE	<input type="checkbox"/> Large
				<input type="checkbox"/> XLarge
Disability Accommodations	As a participant in 4-H activities, do you need an accommodation for a disability?			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	If yes, please indicate disability accommodation needed:			
Food Allergies	Do you have any food allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	If yes, what food allergies do you have?			

Add a Club

Club Name
Club Name

Add a Project

Club	Project	Project Materials Needed?	Years In
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Member Signature	Date
Parent / Guardian Signature	Date

For Office Use Only

Received Form 300.A-3 Youth	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date Received
Comments:		