



Alabama 4-H Enrollment Form

YMGT-S010 (rev 8/11/09)



1	I.D. #: _____	Unit/Club Name: _____ No. _____	Leader: _____
Name: _____ <i>Last</i> <i>First (or called)</i> <i>Middle initial</i>		Home Phone: _____ (____) _____ - _____	
Mailing Address: _____		2 nd Phone: _____ (____) _____ - _____	
City/Town: _____		Zip Code: _____	
Birthday: _____ / _____ / _____		Gender: _____ Male _____ Female	
		E-mail: _____ @ _____	

2	RACE	3	RESIDENCE	4	OTHER
<p>This information is requested to gather statistics to comply with non-discrimination requirements.</p> <p>Are you of Hispanic or Latino ethnicity? Check (✓) only one. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>What is your racial group(s)? Check (✓) all that apply.</p> <input type="checkbox"/> 1. White <input type="checkbox"/> 2. Black or African American <input type="checkbox"/> 3. American Indian or Alaskan Native <input type="checkbox"/> 4. Asian <input type="checkbox"/> 5. Native Hawaiian or Pacific Islander <input type="checkbox"/> 6. Undetermined		<p>Check (✓) only one</p> <input type="checkbox"/> 1. Farm <input type="checkbox"/> 2. Town under 10,000 and rural non-farm <input type="checkbox"/> 3. Town/City 10,000-50,000 and its suburbs <input type="checkbox"/> 4. Suburb of city more than 50,000 <input type="checkbox"/> 5. Central city of more than 50,000		<p>Grade in School: _____</p> <p>Name of School: _____</p> <p>Number of Years in 4-H: _____</p> <p>Do you have a parent or guardian that is in the military? Check (✓) only one. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, check one of the following branches:</p> <input type="checkbox"/> Army Active Duty <input type="checkbox"/> Air Force Active Duty <input type="checkbox"/> Army National Guard <input type="checkbox"/> Air National Guard <input type="checkbox"/> Army Reserve <input type="checkbox"/> Air Reserve <input type="checkbox"/> Navy Active Duty <input type="checkbox"/> Navy Reserve <input type="checkbox"/> Marine Corps Active Duty <input type="checkbox"/> Marine Corps Reserve <input type="checkbox"/> Coast Guard <input type="checkbox"/> Coast Guard Reserve	

5 PARENT'S OR GUARDIAN'S INFORMATION			
Name (Primary): _____		Name: _____	
Work Phone: _____ (____) _____ - _____	Home Phone/Cell: _____ (____) _____ - _____	Work Phone: _____ (____) _____ - _____	Home Phone/Cell: _____ (____) _____ - _____

6	PROJECT SELECTIONS (On the back side of this enrollment form, select your 4-H projects for this year).
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