



Alabama 4-H Enrollment Form

YMGT-S010 (rev 8/11/09)



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|----------|---------------|---------------------------------|---------------|
| 1 | I.D. #: _____ | Unit/Club Name: _____ No. _____ | Leader: _____ |
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|---|-------------------------------------|
| Name: _____ <i>Last First (or called) Middle initial</i> | Home Phone: (____) _____ - _____ |
|---|-------------------------------------|

| | |
|------------------------|--|
| Mailing Address: _____ | 2 nd Phone: (____) _____ - _____ |
|------------------------|--|

| | |
|------------------|-----------------|
| City/Town: _____ | Zip Code: _____ |
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|---------------------------------|---------------------------------|-----------------------|
| Birthday: _____ / _____ / _____ | Gender: _____ Male _____ Female | E-mail: _____ @ _____ |
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|---------------|--------------------|----------------|
| 2 RACE | 3 RESIDENCE | 4 OTHER |
|---------------|--------------------|----------------|

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| <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> <p><input type="checkbox"/> 1. White</p> <p><input type="checkbox"/> 2. Black or African American</p> <p><input type="checkbox"/> 3. American Indian or Alaskan Native</p> <p><input type="checkbox"/> 4. Asian</p> <p><input type="checkbox"/> 5. Native Hawaiian or Pacific Islander</p> <p><input type="checkbox"/> 6. Undetermined</p> | <p>Check (✓) only one</p> <p><input type="checkbox"/> 1. Farm</p> <p><input type="checkbox"/> 2. Town under 10,000 and rural non-farm</p> <p><input type="checkbox"/> 3. Town/City 10,000-50,000 and its suburbs</p> <p><input type="checkbox"/> 4. Suburb of city more than 50,000</p> <p><input type="checkbox"/> 5. Central city of more than 50,000</p> | <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> <p><input type="checkbox"/> Army Active Duty <input type="checkbox"/> Air Force Active Duty</p> <p><input type="checkbox"/> Army National Guard <input type="checkbox"/> Air National Guard</p> <p><input type="checkbox"/> Army Reserve <input type="checkbox"/> Air Reserve</p> <p><input type="checkbox"/> Navy Active Duty <input type="checkbox"/> Navy Reserve</p> <p><input type="checkbox"/> Marine Corps Active Duty <input type="checkbox"/> Marine Corps Reserve</p> <p><input type="checkbox"/> Coast Guard <input type="checkbox"/> Coast Guard Reserve</p> |
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| 5 | PARENT'S OR GUARDIAN'S INFORMATION |
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| | |
|----------------------------------|---------------------------------------|
| Name (Primary): _____ | Name: _____ |
| Work Phone: (____) _____ - _____ | Home Phone/Cell: (____) _____ - _____ |
| Work Phone: (____) _____ - _____ | Home Phone/Cell: (____) _____ - _____ |

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