

## 2009-2010 Ravalli County 4-H Member Enrollment

rcpt # \_\_\_\_\_

CLUB \_\_\_\_\_

Dues Pd. \$10.00 \_\_\_\_\_ cash/ck# \_\_\_\_\_  
(make checks to Ravalli County 4-H Advisory Council)

Check one  New Enrollment  Re-enrollment

Check one  Member  Cloverbud  
(9 yrs by end of 4-H year) (6 to 8 yrs by end of 4-H year)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Family E-Mail Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Member's Cell Ph \_\_\_\_\_ Grade \_\_\_\_\_

F/M \_\_\_\_\_ Date of birth \_\_\_\_\_ Year in 4-H: 4-H Member \_\_\_\_\_ or Cloverbud \_\_\_\_\_

(Include current year)

AGE on October 1 of current 4-H year \_\_\_\_\_ *(Must be 9 yrs old or older on Oct. 1 to enroll in Shooting Sports)*

How would you like to receive your 4-H newsletter: (Circle One) Online  Postal Mail

\*You can read the newsletter on line at: [www.msuextension.org/ravalli](http://www.msuextension.org/ravalli)

I would like to request the following accommodations for disabilities: \_\_\_\_\_

Ethnic (Circle One)  Hispanic  Not Hispanic

Race (Circle all that apply)  White  Black  Alaskan/Amer. Indian  Hispanic  Asian  Hawaiian/Pac. Island

Residence (Circle One)  Farm  Rural Under 10,000

Project Book Code	Project Name	Yr in level	Project Book Code	Project Name	Yr in level

### PARENT/GUARDIAN INFORMATION

	MOM (legal guardian <input type="checkbox"/> Y <input type="checkbox"/> N)	DAD (legal guardian <input type="checkbox"/> Y <input type="checkbox"/> N)
Name		
Mailing address/zip		
Home Phone		
Work Phone		
Occupation		
Military Branch		

May we use photographs of your child for 4-H press releases or publicity? (Circle one) YES NO

Member Signature \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Leader Signature \_\_\_\_\_