Reset Form

Print Form

Teton County 4-H **Leader** Enrollment Form

FOR OFFICE USE:

County Code: 31 Club Code: Leader Code:

Club: **Enrollment Type (Select One):** ◯ New Enrollment ◯ Re-enrollment

Category (Select One): ◯ Organizational Leader ◯ Project Leader ◯ Activity Leader

Last Name: **First Name:** **M.I.:**

Address: **City:** **State:** **Zip:**

Home Phone: **Work Phone:** **Cell Phone:**

Birth date: **Year in 4-H:** **Gender:** **Email Address:**

Ethnic Type (Select One): ◯ Hispanic ◯ Not Hispanic

Race (Select One): ◯ White ◯ Black ◯ Asian ◯ White & Am. Ind. ◯ Hawaiian/Pac. Island ◯ White & Black ◯ White & Asian ◯ Black & Am. In. ◯ Not Listed ◯ Alaskan/Am. In.

Residence (Select One): ◯ Farm ◯ Rural/10,000 ◯ Town/10-50,000 ◯ Suburb/50,000 ◯ City/50,000

Project Name	Project Code	Need Literature	Year in Project
		☐	
		☐	
		☐	
		☐	
		☐	
		☐	
		☐	
		☐	
		☐	

Do you require an accommodation for a disability to participate in this program? ◯ Yes ◯ No

If yes, please describe:

May we use photographs of you for 4-H press releases or publicity? ◯ Yes ◯ No

Leader Signature: **Date:**

Organizational Leader Signature: **Date:**