# Teton County 4-H **Member** Enrollment Form

**FOR OFFICE USE:**

County Code: 31 Club Code: Member Code:

**Club:** **Category (Select One):** ◯ Member ◯ Cloverbud

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

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

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

**School:** **Year in 4-H:** **Gender:** **Cell Phone:**

**Birth date:** **Grade:** **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 |
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**Do you require an accommodation for a disability to participate in this program?** ◯ Yes ◯ No

If yes, please describe:

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

**Parent Last Name:** **First Name:** **Legal Guardian:** ◯ Yes ◯ No

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

**Parent Type (Select One):** ◯ Primary Parent ◯ Additional Parent ◯ Other

**Member Signature:** **Leader Signature:**

**Parent/Guardian Signature:** **Date:**

****Please list secondary parental contact information:**