Florida 4-H Youth Development Enrollment Form

Family Profile Information

Club Name: ___________________________ Secondary Club Name: ___________________________

Family Last Name: _____________________ 4-H County: ___________________________

Address: _____________________________ City: __________________ Zip: __________

Family Email Address: ___________________ Member Email: __________________

Member Profile Information

First Name: ___________ Middle Name: ___________ Last Name: _________________________

Preferred Name: ___________ Address: (if different) __________________________

City: _____________________________ State: _______ Zip Code: ___________ Birth Date: _____/_____/_____

4-H Age on September 1 (start of 4-H year): ________

Home Telephone: (_________) __________________________ Cell Phone: (_________) __________________________

☐ Community Club ☐ In-School Club ☐ Afterschool Club ☐ Military Club ☐ Individual Member

Parent/Guardian 1: First Name: ___________ Last Name: _________________________

Work Phone: (_________) __________________________ Cell Phone: (_________) __________________________

Parent/Guardian 2: First Name: ___________ Last Name: _________________________

Work Phone: (_________) __________________________ Cell Phone: (_________) __________________________

Are you a Youth Volunteer? ☐ No ☐ Junior ☐ Intermediate ☐ Senior * if Senior, additional application needs to be completed. (4-H ages 8-10) (ages 11-13) (ages 14-18)

Gender: ☐ Male ☐ Female Residence: ☐ Farm ☐ Town Under 10,000 or rural non-farm ☐ Town/city 10,000-50,000 ☐ Suburb of city more than 50,000 ☐ Central city more than 50,000

Ethnicity: Are you of Hispanic ethnicity? ☐ No ☐ Yes

Race: ☐ White ☐ Black ☐ Asian ☐ American Indian or Alaskan ☐ Native Hawaiian or Pacific Islander

A Family Member is in: ☐ Air Force ☐ Army ☐ Coast Guard ☐ Navy ☐ Marines ☐ National Guard ☐ Reserves

Grade: _______ School: _______________________________ School is in my 4-H County? ☐ Yes ☐ No

☐ In 4-H in a county different from the County I Live in. County I Live In: _______________________________

☐ In 4-H in 2 counties My 2nd 4-H County: __________________ Club: __________________ Project: _______ Year_____

Disability: Do you require accommodation for a disability to participate in 4-H programs? ☐ Yes ☐ No

Describe Disability/Need:

<table>
<thead>
<tr>
<th>Project Title</th>
<th>Years in Project</th>
<th>Project Book Title Needed (go to)</th>
<th>Program Fees if Applicable:</th>
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Club Officer: ☐ President ☐ Vice President ☐ Secretary ☐ Treasurer ☐ Reporter

☐ Historian ☐ Parliamentarian ☐ Recreation ☐ Sergeant-at-Arms ☐ County Council Delegate ☐ Other __________

Club Fee/Dues Paid: $________

☐ Personal Insurance Fee of $1 paid.

☐ Personal Insurance Fee of $2 paid for Horse Project Members.

☐ Purchase of Project Books

Due $________ Paid $________ (Bal. Due: $________)

Total Amount Paid: $________

Paid by Check ☐ Check #________

Paid by Cash ☐

Rev 7/26/08