



Name	County	Family Email	Correspondence Preferred
<b>Email</b>		<b>First Name</b>	
<b>Last Name</b>		<b>Preferred Name</b>	
<b>Mailing Address</b>		<b>City</b>	
<b>State</b>		<b>Zip Code</b>	
<b>Birth Date</b>		<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	
<b>Primary Phone</b>		<b>Cell Phone</b>	
<b>I wish to receive notices via text message</b> <input type="checkbox"/> No <input type="checkbox"/> Yes		<b>Cell Phone Provider</b>	
<b>Years in 4-H</b>		<b>Work Phone</b>	

### Parent / Guardian 1

<b>First Name</b>	<b>Last Name</b>
<b>Cell Phone</b>	<b>Work Phone</b>
<b>Work Extension</b>	

### Parent / Guardian 2

<b>First Name</b>	<b>Last Name</b>
<b>Cell Phone</b>	<b>Work Phone</b>
<b>Work Extension</b>	<b>Address</b>
<b>Address 2</b>	<b>City</b>
<b>State</b>	<b>Zip Code</b>
<b>Home Phone</b>	<b>Email</b>

### Second Household

<b>Send Correspondence</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>Correspondence Preferred</b> <input type="checkbox"/> Postal Mail <input type="checkbox"/> Email
<b>Family Name</b>	<b>First Names</b>
<b>Primary Phone</b>	<b>Mailing Title</b>
<b>Address</b>	<b>Address 2</b>
<b>City</b>	<b>State</b>
<b>Zip Code</b>	<b>Email</b>

### Emergency Contact

<b>Name</b>	<b>Phone</b>
<b>Email</b>	<b>Relationship</b>

### Volunteer

Select "Yes" if you serve in a leadership capacity in 4-H.  Yes

Examples for youth: Junior Leader, Club Officer, etc.

### Ethnicity

**Race** (check all that apply)  White  Black  American Indian or Alaskan Native

Are you of Hispanic ethnicity?  No  Yes

(Please indicate both an ethnicity and race)  Native Hawaiian or Pacific Islander  Asian  Prefer Not to State

### Residence

**Residence**  Farm (rural area where agricultural products are sold)  Suburb of city more than 50,000

Town under 10,000 and rural non-farm  Central city more than 50,000

Town / City 10,000 - 50,000 and its suburbs

### Military Service of Family

**Military Service**  No one in my family is serving in the military  I have a parent serving in the military

I have a sibling serving in the military

**Branch**  Air Force  Army  Coast Guard  DOD Civilian  Marines  Navy

**Component**  Active Duty  National Guard  Reserves



### School Information

School County	School District	
School Name	School Type	<input type="checkbox"/> Charter School
School Grade		<input type="checkbox"/> Home School / Alternative
<input type="checkbox"/> Kindergarten		<input type="checkbox"/> Magnet / Specialized School
<input type="checkbox"/> 1-12 (type grade) _____		<input type="checkbox"/> Private School
<input type="checkbox"/> Post High School Education		<input type="checkbox"/> Public School
<input type="checkbox"/> Not in School		<input type="checkbox"/> Special Education
<input type="checkbox"/> Special		<input type="checkbox"/> Vocational Education

### Additional Information (Other)

T-Shirt Information	Prefer:	T-Shirt Size:
	<input type="checkbox"/> Male or <input type="checkbox"/> Female shirt?	<input type="checkbox"/> Youth <input type="checkbox"/> Adult (Select youth or adult and size.)
Disability Accommodations	As a participant in 4-H activities, do you need an accommodation for a disability?	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Food Allergies	Do you have any food allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	If yes, what food allergies do you have?	

### Add a Club

Club Name
Club Name

### Add a Project

Club	Project	Project Materials Needed?	Years In
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Member Signature	Date
Parent / Guardian Signature	Date

### For Office Use Only

Received Form 300.A-3 Youth	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date Received
Comments:		