2010 BONNEVILLE COUNTY 4-H ENROLLMENT MEMBER FORM

Club Name: _____**Email Address:**_____

Enrollment Type (Circle One): **N**ew **E**nrollment **R**e-**E**nrollment Cloverbud (under 8)

Last Name: _____ **First Name**: _____ **Middle Initial**: _____

Mailing Address: _____**City**: _____ **State** _____ **Zip** _____

Home Phone: (*208*) _____-_____ **Birthdate**: ____/____/_____ **Gender (Circle One)**: **M**ale or **F**emale

How many years in 4-H? _____ **School:** _____ **Grade:** _____

Ethnic Origin (Circle One): **C**aucasian **H**ispanic **A**frican **A**merican **A**sian **A**merican **A**merican **I**ndian **M**ixed

Residence (Circle One): **C**ity Over *50,000* **S**uburb Over *50,000* **T**own *10,000-50,000* **R**ural Under *10,000* **F**arm

Project Name	Years in Project

PARENT INFORMATION:

Last Name: _____ **Occupation:** _____

Father's Name: _____ **Work/Cell Phone:** _____

Mother's Name: _____ **Work/Cell Phone:** _____

Emergency Contact Information:

Name: _____ **Relationship:** _____ **Phone:** _____

Parent or Guardian Signature: _____ **Dated:** _____/_____/_____

Member's Signature: _____ **Dated:** _____/_____/_____

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University of Idaho Extension