

# Sanders County 4-H Enrollment Form

Club: \_\_\_\_\_ 4-H Year 20\_\_\_\_ - 20\_\_\_\_

**\*\*\*\*\* FOR OFFICE USE ONLY \*\*\*\*\***

COUNTY CODE: \_\_\_\_\_ CLUB CODE: \_\_\_\_\_ LEADER/MEMBER CODE: \_\_\_\_\_ Drop from 4-H

## MEMBER/LEADER INFORMATION

**Circle One:**    Member          Cloverbud /Mini 4-H          Organizational Leader          Project Leader  
                  Resource Leader    Activity Leader          Special

**Circle One:**    New Enrollment          Re-enrollment

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 School \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Year in 4-H \_\_\_\_\_  
 Teen Leader? \_\_\_\_\_ Gender: \_\_\_\_\_ Birthday \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age (as of October 1) \_\_\_\_\_ Grade \_\_\_\_\_  
 Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cellular Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail address \_\_\_\_\_ Fax # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 (**Circle one**)    Hispanic          Not Hispanic

**Ethnic (Circle One):**    White (only)          Black/African American (only)          Am. Indian/Alaskan Native (only)  
                  Asian (only)          Native Hawaiian/Pac. Islander (only)          White & Black          White & AI or AN  
                  Black & AI or AN          White & Asian          Balance (other combination)

**Residence (Circle One):**    Farm          Rural/under 10,000          Town/ 10-50,000          Suburb/50,000          City/50,000

Project Name	Project Code	Teen Leader	Need Literature	Year In Project
_____	_____	Yes/No	Yes/No	_____
_____	_____	Yes/No	Yes/No	_____
_____	_____	Yes/No	Yes/No	_____
_____	_____	Yes/No	Yes/No	_____
_____	_____	Yes/No	Yes/No	_____
_____	_____	Yes/No	Yes/No	_____
_____	_____	Yes/No	Yes/No	_____
_____	_____	Yes/No	Yes/No	_____

I want the Extension Office to be aware of the following disability:  
 \_\_\_\_\_

\*Enrollment forms are due in the Extension Office by **FRIDAY, OCTOBER 31, 2008**. Your organizational leader must receive them prior to that date. Please complete this form as thoroughly as possible (*front & back*).  
**Note:** The member's 4-H age is their age as of October 1, 2008. All forms will reflect that age for the entire 4-H year. Please be sure to write in your MAILING address so we may send you important 4-H mailings. Correct email addresses are important as we have turned to emailing as a major way of communicating. We do still use the traditional ways to communicate information to 4-H families who do not have email.  
 Contact the Extension Office with any questions. 827-6934 / [sanders@montana.edu](mailto:sanders@montana.edu)

Sanders County 4-H web page: [www.montana.edu/sanders](http://www.montana.edu/sanders)

**\*Parent Information on back-----> > >**

# PARENT INFORMATION

Member Last Name \_\_\_\_\_ Member First Name \_\_\_\_\_ M.I. \_\_\_\_\_

\*\*\*\*\* FOR OFFICE USE ONLY \*\*\*\*\*  
PARENT CODE 1: \_\_\_\_\_

Parent Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Cellular Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Occupation (optional) \_\_\_\_\_

**Contact Type (circle one)** Primary Contact Additional Contact Other

Legal Guardian: Yes / No Send 4-H Mailings? Yes / No E-mail: \_\_\_\_\_

\*\*\*\*\* FOR OFFICE USE ONLY \*\*\*\*\*  
PARENT CODE 2: \_\_\_\_\_

Parent Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
*(If different from member &/or previous parent)*  
Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Cellular Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Occupation (optional) \_\_\_\_\_

**Contact Type (circle one)** Primary Contact Additional Contact Other

Legal Guardian: Yes / No Send 4-H Mailings? Yes / No E-mail: \_\_\_\_\_

\*\*\*\*\* FOR OFFICE USE ONLY \*\*\*\*\*  
PARENT CODE 3: \_\_\_\_\_

Parent Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
*(If different from member &/or previous parent)*  
Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Cellular Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Occupation (optional) \_\_\_\_\_

**Contact Type (circle one)** Primary Contact Additional Contact Other

Legal Guardian: Yes / No Send 4-H Mailings? Yes / No E-mail: \_\_\_\_\_

**Member Signature** \_\_\_\_\_ **Leader Signature** \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_