



University of the District of Columbia-Cooperative Extension Service

UDC 4-H Youth Enrollment Form

4-H MEMBER'S NAME: _____

(First)

(Last)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME #: _____ E-MAIL ADDRESS: _____

CLUB NAME: _____

CLUB ADDRESS: _____

CLUB CITY: _____ CLUB STATE: _____ CLUB ZIP CODE: _____

Age (As of January 1) _____

Male

Female

RACE: BLACK WHITE AMERICAN INDIAN HISPANIC
 ASIAN OTHER

(Racial information is voluntary and is being collected pursuant to Federal Regulations)

Grade in School: _____

School Name: _____

School Address: _____

Parent/Guardian Name: _____

(First)

(Last)

(Member's Signature)

(Date)

(Volunteer Leader's Signature)

(Date)

In cooperation with the U.S. Department of Agriculture and District of Columbia Government, Cooperative Extension Service and Agricultural Experiment Station programs and employment opportunities are available to all people regardless of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, marital status or family status.