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.