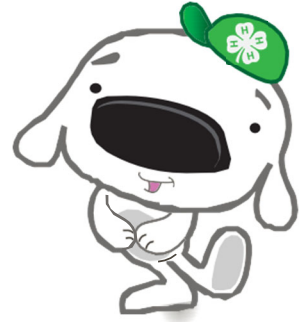


4-H CLOVER BUDS Enrollment Form



Name _____
First Name Last Name

Address _____
Street or PO Box City State & Zip

Phone _____ **Gender** **Female** **Male**

Race **Black** **White** **Asian** **Native Hawaiian or Pacific Islander** **American Indian or Alaskan** **Other**

Ethnicity **Hispanic or Latino** **Non Hispanic or Latino**

Grade _____ **Date of Birth** _____
(month / day / year)

School Name _____

PERMISSION FOR: _____ (child's name) My child has permission to join 4-H. I will encourage and assist my child to participate in this project club.

Parent/Guardian Signature: _____

Parent/Guardian Email Address: _____

I understand my child may participate in and/or complete surveys and evaluations that will be used to determine 4-H program effectiveness or to promote the program. Youth will be asked their consent before completing a survey or evaluation. Participation in surveys and evaluations is voluntary and does not affect eligibility to participate in the 4-H program. _____ I DO NOT agree to these terms

