



4-H 120

Member Enrollment

MCE is collecting information in order to enroll your child in the MD. 4-H program. If you do not provide the requested information your child cannot be a 4-H member. TI information you provide will be shared with county and state fair associations. Information provided to the University may also be shared among offices within the University and with the University System of Maryland and outside entities as necessary or appropriate in the conduct of legitimate University business and consistent with applicable law. Because the University is a State educational institution, such information may also be subject to disclosure under the Maryland Access to Public Records Act. Individuals may inspect and/or correct their personal information as provided by the Public Records Act and/or other applicable law or University policy.

Member: First Name MI Last Name Preferred Name: Home Phone: () -

Street Address City: State: Zip + Four: - Email Address (optional):

Birth Date (mm/dd/yy): / / Gender (M/F): Male Female

Ethnicity: Hispanic Race (may choose more than one): Asian Black Native American Pacific Islander White

Special Needs? Explain:

Family: Parent Name(s) Occupation/Interests/Hobbies/Special Skills Phone () - Check box if true: Legal Guardian?

Occupation: Interests etc:

Parent Name(s) Occupation/Interests/Hobbies/Special Skills Phone () - Check box if true: Legal Guardian?

Occupation: Interests etc:

Family Last Name to appear on mailing label: List other 4-H members in your household:

Residence (choose letter): (A) On a farm (B) Rural area/town of 10,000 or less (C) Town/city of 10,000-50,000 (D) Suburb of city over 50,000 (E) City over 50,000 (F) Military Base

Army only: Check one: Military Non Military Check one: On Post Off Post

4-H: Years in 4-H: Check the boxes that apply to you: Teen Leader All Star Check this box if you have returned a signed 4-H Behavioral Expectations and Disciplinary Policies and Procedures form for this enrollment year to your leader or 4-H Office:

| Clubs | | Projects | | | Projects | | |
|--------|------|----------|------|--------------|----------|------|--------------|
| Number | Name | Number | Name | Need Manual? | Number | Name | Need Manual? |
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Youth Signature _____ Date _____ Club/Group Leader's Signature _____ Date _____

I give permission to the College of Agriculture and Natural Resources, University of Maryland, to use and publish my photograph for educational and promotional purposes without compensation, to use my email address to distribute 4-H information

Youth Signature _____ Date _____ Parent/Guardian Signature (if minor) _____ Date _____

Date received by leader: Date received by 4-H Office: Date logged in computer: