

4-H Youth Group Enrollment Form

Name of program: _____ Description _____

Group/School name: _____ Start Date: _____ End Date: _____

4-H Special Interest/Short Term Program

4-H Overnight Camping Program

4-H Day Camping Program

4-H School Enrichment Program

4-H Individual Study/Mentoring/Family Learning Program

Instructional TV/Video Program

Administrative/Organization Unit

Number of Hours: _____ Presenter/Leader/Teacher Name: _____

Project: _____

How many:		How many of this group are 4-H members?	
Males _____	Females _____	Males _____	Females _____
Non-Binary _____	Not Listed _____	Non-Binary _____	Not Listed _____
Prefer not to answer _____	Other/Unidentified _____	Prefer not to answer _____	Other/Unidentified _____

(County User: Be sure to subtract the duplicates listed above from each of the following.)

Please estimate the ethnic and racial distribution of the particip7(the)-6(e)4(thn)-4(ic and)-5(r)4(a48d39 0.48 0

(1) White Only:	<input type="text"/>	<input type="text"/>
(2) Black or African American Only:	<input type="text"/>	<input type="text"/>
(3) American Indian or Alaska Native Only:	<input type="text"/>	<input type="text"/>
(4) Asian Only:	<input type="text"/>	<input type="text"/>
(5) Native Hawaiian/Other Pacific Islander Only:	<input type="text"/>	<input type="text"/>
(10) Balance (other combinations):	<input type="text"/>	<input type="text"/>

Sub-Total

