



MICHIGAN STATE UNIVERSITY EXTENSION

4-H MEMBER INFORMATION FORM MACKINAC COUNTY – 2006-2007

Rct. # \_\_\_\_\_ Waiver \_\_\_\_\_ FOR OFFICE USE ONLY

Club Name: \_\_\_\_\_ Club Number \_\_\_\_\_ (Leave blank)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ E-Mail: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_ (As of Sept. 2006)

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ 4-H Age: \_\_\_\_\_ Gender: [ ] Male [ ] Female (As of 1/1/07)

Do you belong to another 4-H Club? [ ] No [ ] Yes If yes, Names: \_\_\_\_\_ Year(s) in 4-H \_\_\_\_\_

Are you of Hispanic Ethnicity? [ ] Yes [ ] No

Race/Ethnic Origin:

- [ ] White (only) [ ] African American/Black (only) [ ] American Indian or Alaskan Native (only) [ ] Asian (only) [ ] Native Hawaiian or Other Pacific Islander (only) [ ] White & Black [ ] White & American Indian or Alaskan Native [ ] Black & American Indian or Alaskan Native [ ] White & Asian [ ] Arabic or Other -please specify \_\_\_\_\_

THIS INFORMATION IS USED TO GATHER STATISTICS AND TO DETERMINE COMPLIANCE WITH CIVIL RIGHTS LAWS.

Please Include: \$10.00 participation fee (Checks payable to: MSUE Mackinac County)

4-H will not turn away any youth who wants to participate in 4-H for whom the fee presents a financial burden.

[ ] Send application for fee waiver

Disabled? [ ] Yes [ ] No

Disability: (optional) \_\_\_\_\_

PARENT/GUARDIAN INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Check one:

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ [ ] Primary Parent [ ] Other

Legal Guardian: [ ] No [ ] Yes Send Mailings? [ ] No [ ] Yes Parent E-Mail: \_\_\_\_\_

SECOND PARENT/GUARDIAN INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Check one:

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ [ ] Primary Parent [ ] Additional Parent [ ] Other (leave blank if the same)

Legal Guardian: [ ] No [ ] Yes Send Mailings? [ ] No [ ] Yes Parent E-Mail: \_\_\_\_\_

I understand that participants are sometimes photographed and/or videotaped for use in MSU promotional and educational materials and am giving my permission to do this. Circle one: Yes No

Participant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's/Guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Club Leader's signature: \_\_\_\_\_ Date: \_\_\_\_\_

On the reverse side of this sheet, circle the project area numbers that you are working on.