



LINCOLN-ADAMS 4-H MEMBER ENROLLMENT FORM

Members: Complete & return this form to your Group Leader

Leaders: Return **signed** forms to WSU Extension, 210 W. Broadway, Ritzville, WA 99169

PLEASE PRINT

Date: _____ Group Leader: _____

Club/Group/ or Program: _____

Name: _____
Last First Middle Initial

Phone(s): _____ E-Mail : _____

Birthday: ___/___/___ Sex: M F School: _____

Parent/Guardian Name(s): _____

Mailing Address: _____

City: _____ State: _____ Zip+4: _____

Year(s) in 4-H: _____ Grade: _____ Residence: Farm Rural Town Suburb City

Ethnic/Race information **required** -- used for State & US Government statistical reporting only.

Ethnic (Check one) Hispanic Not Hispanic

Race (Check all that apply) White Black Am. Indian/Alaskan Asian Pac. Island/Hawaiian Other

PROJECTS* I will study with THIS 4-H Club/Program	PROJECT CODE*	Number of YEARS in Project
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

* A list of projects and codes is available from your leader or the Extension Office.

Other 4-H Programs/Clubs I plan to participate in: _____

I understand that, unless noted below; photos, video, or audio recordings made of me at 4-H events may be used by WSU Extension, without compensation, to promote the 4-H Youth Development Program. I understand that my name may be revealed in descriptive text or commentary. **NO Permission** _____ **Yes with this condition:** _____

I understand that participants at 4-H events and activities may be asked to complete an evaluation. Completion of the evaluation is optional.

Accommodation for disability request:

Member Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Leader Signature: _____ Date: _____

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