



Kansas 4-H Cloverbuds Enrollment Form



Please Print

Today's Date ____/____/____

First Name _____

Last Name _____

Address _____

City State Zip

School _____ Grade in School _____

Parents/Guardians _____

First Names Last Name

E-mail _____

Home Phone Mobile Phone Work Phone

Address _____

City State Zip

- Prefer not to be contacted by National 4-H Council
- Send local 4-H newsletter by e-mail

Parents/Guardians _____

First Names Last Name

E-mail _____

Home Phone Mobile Phone Work Phone

Address _____

City State Zip

- Prefer not to be contacted by National 4-H Council
- Send local 4-H newsletter by e-mail

Club\Group _____

Date of Birth ____/____/____
Month Day Year

Age ____ Gender Female Male

Year in 4-H Cloverbuds: (Check one)

- 1st Year
- 2nd Year
- 3rd Year

Place of Residence: (Check one)

- Farm
- Rural or Town under 10,000
- Town or City 10,000-50,000
- Suburb of City over 50,000
- City over 50,000

Ethnicity: (Check One)

- Hispanic Non-Hispanic

Race: (Check all that apply)

- White
- Black
- American Indian/Alaska Native
- Asian
- Hawaiian/Pacific Islander

Do you have any special needs?

- Yes No

If yes, please provide details on your Kansas 4-H Participation Form.

Military Family? If so, please check

- Active Duty
- National Guard
- Reserves

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Kansas State University Agricultural Experiment Station and Cooperative Extension Service

MG 3C

August 2009

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