

'08-'09 4-H Youth Group Enrollment

Name of School or Organization _____

Address of School or Organization _____

Phone Number _____

Fax Number _____

Name of Teacher/Organizational Leader _____

Home Address _____

Home Phone Number _____

Best time to reach you? _____

Email Address _____

Names of other adults, teachers, classroom assistants, and/or student interns who will be working with 4-H youth participants:

Name _____ # of years with school/org. _____

Name _____ # of years with school/org. _____

Name _____ # of years with school/org. _____

What is your 4-H Focus? Please provide information on what type of activities/projects you would like to focus on as a 4-H group:

Statistical Information (this information is required for government records and funding)

Total # of youth participants: _____ Total # of males: _____ Total # of females: _____

Total # of youth in each grade level:

_____ K, _____ 1st, _____ 2nd, _____ 3rd, _____ 4th, _____ 5th, _____ 6th, _____ 7th, _____ 8th,
_____ 9th, _____ 10th, _____ 11th, _____ 12th, _____ Post H.S., _____ Special

Youth Racial/Ethnic Distribution:

_____ # of Caucasian, _____ # of African-American, _____ # Hispanic-American,
_____ # of Asian-American/Pacific Islander, _____ # of Native American, _____ # of Other

Signature _____ Date _____



Please attach a class list or names of youth participants to this enrollment form and a \$50 check payable to **CCE – 4H Program** with the memo **4-H Group Registration** in the lower left corner and mail to:
249 Highland Avenue, Rochester, New York 14620

