



CLOVERBUD ENROLLMENT

Rio Arriba County

R10/16

FOR OFFICE USE ONLY

Received: _____ Complete
 Entered: _____

TODAY'S DATE _____ Re-Enrollment DUE 1 st Monday in January New Enrollment DUE 1 st Monday in March	Organizational Leader	4-H Club Name
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First Name	Middle Initial	Last Name
Mailing Address	City	State Zip Code
E-Mail Address		
Birthday (Month/Day/Year)		
Age on January 1st? _____		I Live Where? (Check one)
<input type="checkbox"/> Boy <input type="checkbox"/> Girl	<input type="checkbox"/> Farm or Ranch	<input type="checkbox"/> Town <input type="checkbox"/> Rural
I am in the _____ grade.	Name of School	City Zip Code

This is my _____ year in 4-H.

Project Information (Check one)

First Year Member

Re-enroll

Corrections
 (Adding or dropping a project)

Project Distribution

I will Provide a Flash drive

I will use my club's Flash drive

4-H Updates

I would like to receive 4-H updates via text messaging No Yes

Cell #: _____

Provider: _____

Ethnicity: Are you Hispanic Yes No

Race (Check all that apply)

White

Black or African American

American Indian or Alaskan Native

Asian

Native Hawaiian or Other Pacific Islander

Parent/Guardian Contact Information

Name of Mother (or adult with whom you live)

Primary Phone _____ Secondary Phone _____

Cell Home Cell Home

Name of Father (or adult with whom you live)

Primary Phone _____ Secondary Phone _____

Cell Home Cell Home

Military:

No one in my family is serving in the military

I have parent serving in the military

I have a brother/sister serving in the military

Branch/Component:

Air Force Coast Guard Navy

Army Marines National Guard

Active Duty *Reserves*

Project Number & Title	Project Material Needed	Years in Project
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Club Leader Verification:
