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Cooperative Extension
Putnam County

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4-H FAIR YOUTH ENROLLMENT FORM **FOR PARTICIPATION IN ANIMAL SHOWMANSHIP**

Date Enrolled: _____

Youth Last Name: _____ Youth First Name: _____ M.I.: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone _____ School: _____ Years in 4-H: _____

Youth's Email (Please Print): _____

Gender: M F Birthdate: / / Grade: ____

Animal Showmanship—Please Check Type of Animal(s) you plan to show below:

Large Livestock (Type of Animal): _____ Rabbit: _____ Poultry: _____
Dog: _____ Horse: _____ Other (Please List): _____

Category (Circle One): M-4-H Member (9 & older) C-Cloverbud (5-8)

Ethnicity: Caucasian African Am. Hispanic Am. Indian Asian Am. Mixed

**Filling in your ethnicity is optional, however, if you do not indicate your ethnic background the computer will automatically choose Caucasian.*

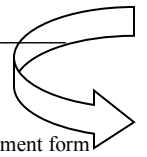
- Yes / No (please circle one) Do you require an accommodation for a disability to participate in this program?
If yes, please list: _____
- Yes / No (please circle one) Cornell Cooperative Extension is granted permission to use and/or publish my or my child's photograph, video or image (including audio, film, digital image or any other media) for educational programs, websites or promotion of Extension programs .
- ___ Check here if you do not want the 4-H office to reveal my name, address, or phone number as part of public record or list
- Please return this form along with your Animal Showmanship Enrollment Fee of \$5.00 to the CCE Office by or before July 8. Checks can made payable to 4-H Fair.

Parent/Guardian Signature: _____ Date: _____

Office Use Only
____ Medical Release Form Submitted

Continued on back

C:\my doc\4-h\enrollment form



Building Strong and Vibrant New York Communities

2015

Parent/Guardian Information

Parent 1: Primary Parent Legal Guardian

Last Name: _____ First Name: _____

Address: _____ City: _____ State _____ Zip: _____

Occupation/Business: _____

Home Phone: _____ Work Phone: () _____

Cell Phone: () _____ Email: _____

Current Military Status: N/A Active Duty Retired Reserve National Guard

Branch of Service: Army Air Force Marine Navy Coast Guard

Name, Age, Birth date of all children (even those not enrolled in 4-H):

Please check the ways you would be willing to support the 4-H program:

- | | |
|---|---|
| <input type="checkbox"/> Volunteer in office (answering phones, typing, filing, etc.) | <input type="checkbox"/> Chaperone local or statewide events |
| <input type="checkbox"/> Assist with Marketing/Computer Graphics | <input type="checkbox"/> Be a guest speaker or teach a workshop |
| <input type="checkbox"/> Help write grants | <input type="checkbox"/> Help organize fundraisers |

Special skills I have and might be willing to share:

- Arts & Crafts Carpentry/Woodworking Outdoor Education (Nature, Science, Hiking)
 Cooking/Baking Other: _____

.....
Parent 2: Primary Parent Legal Guardian

Last Name: _____ First Name: _____

Address: _____ City: _____ State _____ Zip: _____

Occupation/Business: _____

Home Phone: _____ Work Phone: () _____

Cell Phone: () _____ Email: _____

Current Military Status: N/A Active Duty Retired Reserve National Guard

Branch of Service: Army Air Force Marine Navy Coast Guard

Please check the ways you would be willing to support the 4-H program:

- | | |
|---|---|
| <input type="checkbox"/> Volunteer in office (answering phones, typing, filing, etc.) | <input type="checkbox"/> Chaperone local or statewide events |
| <input type="checkbox"/> Assist with Marketing/Computer Graphics | <input type="checkbox"/> Be a guest speaker or teach a workshop |
| <input type="checkbox"/> Help write grants | <input type="checkbox"/> Help organize fundraisers |

Special skills I have and might be willing to share:

- Arts & Crafts Sewing Carpentry/Woodworking Outdoor Education (Nature, Science, Hiking)
 Cooking/Baking Other: _____