

| Club:      |           |         | Name of Person Completing form: |       |     |       |       | _ Return Date:                             |  |  |
|------------|-----------|---------|---------------------------------|-------|-----|-------|-------|--|--|--|
| First Name | Last Name | Address | City                            | State | Zip | Email | Phone | Name of child if they<br>have a 4-H member | –<br>Date<br>Needed<br>paperwork<br>by | Office<br>Use:<br>Registry<br>Check<br>complet |
|            |           |         |                                 |       |     |       |       |  |  |  |
|            |           |         |                                 |       |     |       |       |  |  |  |
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