



Engineering for Everyone - 4-H After-school Program

2015 Enrollment Form

Information on Participant:

Last Name: _____ First Name: _____

Address: _____ City: _____ State: ____ Zip: _____

Primary Phone: _____ Primary Email: _____

Birth Date (month/day/year): _____ Grade in School: _____

Information on Parent/Guardian:

Last Name: _____ First Name: _____

Address: _____ City: _____ State: ____ Zip: _____

Primary Phone: _____ Primary Email: _____

Emergency Contact Name: _____

Emergency Contact's Cell Phone: _____ Emergency Contact's Work Phone: _____

- I give permission to use the above youth's name and/or photography in publications, ads, news articles, videos, websites or other electronic media pertaining to 4-H, Nebraska Extension or Raising Nebraska.
- I would like to learn more about becoming a Hall County 4-H member.

Youth's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

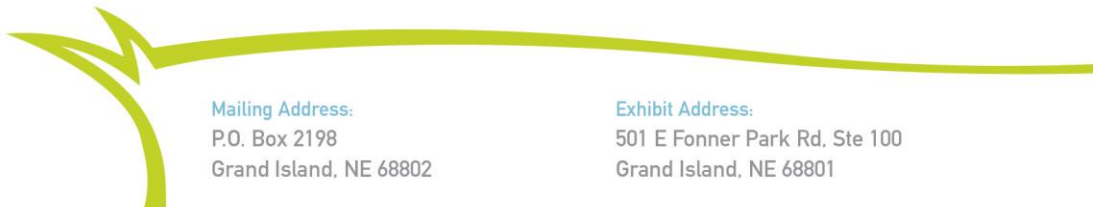
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