

**4-H ACHIEVEMENT RECORD BOOK
DEMOGRAPHIC FORM**

Date: _____

County _____

Name (First, Mid Initial, Last): _____

First

Middle

Last

Home mailing address: _____

Street

City

State

Zip

Home phone: _____

Cell Phone: _____

Email address: _____

Date of birth (mm/dd/year): _____

Gender: Male ___ Female ___

Currently participating in 4-H: Yes ___ No ___

Years completed in 4-H _____

Name of 4-H Club (s): _____

Name of School: _____

Grade in School _____

Career plans after high school graduation: _____

Parent/Guardian mailing address: _____

Father's Name: _____

Phone: _____

Mother's Name: _____

Phone: _____

STATEMENT BY 4-H MEMBER

I personally have prepared this application and certify that it accurately reflects my work. I also give permission to Purdue Extension, Indiana 4-H, and Indiana 4-H Foundation to use statements in this application for promotion purposes.

4-H Member Signature: _____ Date: _____

APPROVAL OF THIS APPLICATION

We have reviewed this application and believe it to be correct. As a parent/guardian I also give permission to the parties listed above to use statements in this application for promotion purposes.

Signature of Parent/Guardian: _____ Date: _____

Signature of Adult Leader: _____ Date: _____