



4-H Youth Group Enrollment Form

Check one:	School Enrichment	Special Interest School Age Child Care	☐ Day Camp ☐ Other	Overnight camp			
Name of program, activity or event:							
Presenter:							
Location:			Date:				
Number of ho	ours:	Project:					

Has this group been reached and recorded with 4-H programming earlier this year?

How many youth participants?		How many participants are 4-H members?			
Male	Female		Male	Female	

Please estimate the ethnic/racial distribution of the participants.

Race	Number	Ethnicity	Number
American Indian/Alaskan Native		Hispanic	
Asian		Non-Hispanic	
Black/African American		Unidentified	
Native Hawaiian/Other Pacific Islander		Total	
White			
More than 1 race			
Other/Unidentified			
Total			