Sadernation 4H Enrollment Form

| Member Name: | | |
|--|-------------------------------------|----------------------------|
| First | Middle | Last |
| Address: | | |
| Street Address | City | Zip Code |
| Phone: () Email: | | |
| Date of Birth: Grade: | | |
| Parent or Guardian: | | |
| First | Middle | Last |
| Phone: ()Email | : | |
| Additional Parent or Guardian: | | |
| First | Middle | Last |
| Phone: ()Email | : | |
| Parent Volunteer: yes, area/event | | no |
| 1. A parent or guardian should sign below whiche 4H programs I agree to | | |
| H and other Concordia Lutheran High School education addresses nor telephone numbers will be published v | onal, promotional, and/or marketing | |
| I do not v Concordia Lutheran High School educational, promot | | ny child for use in 4-H or |
| 2. The enrolling youth is bound by the Concordia Lutlinitial here if he/she has received and reviewed the C | | |