



# 4-H Event Registration Form

(Return this form with all fees to the extension office by required deadline)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Parent contact #'s: \_\_\_\_\_

Event: \_\_\_\_\_

Ethnicity: \_\_\_\_\_

Age: \_\_\_\_\_

Adult: \_\_\_\_\_

Youth: \_\_\_\_\_

T-Shirt size:      Youth:      Small \_\_\_      Medium \_\_\_      Large \_\_\_

Adult:      Small \_\_\_      Medium \_\_\_      Large \_\_\_

**If your medical history has changed you must  
complete a new medical release form.**



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