

Parent Information 4-H Enrollment Form

Cattaraugus

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Member Last Name: _____ Member First Name: _____ M.I. _____

FOR OFFICE USE Parent Code 1: _____

Parent Last Name: _____ First Name: _____ M.I. _____

Address: _____ City: _____ State _____ Zip _____

Home Phone: () - _____ Work Phone: () - _____

Occupation (optional): _____

Parent Type (circle one): Primary Parent Additional Parent Other

Legal Guardian: Yes / No Send Mailing: Yes / No E-mail: _____

FOR OFFICE USE Additional Contact Code 2: _____

Last Name: _____ First Name: _____ M.I. _____

Address: _____ City: _____ State _____ Zip _____

Home Phone: () - _____ Work Phone: () - _____

Occupation (optional): _____

Contact Type (circle one) Primary Contact Additional Contact Other

Legal Guardian: Yes / No Send Mailing: Yes / No E-mail: _____

FOR OFFICE USE Additional Contact Code 3: _____

Last Name: _____ First Name: _____ M.I. _____

Address: _____ City: _____ State _____ Zip _____

Home Phone: () - _____ Work Phone: () - _____

Occupation (optional): _____

Contact Type (circle one) Primary Contact Additional Contact Other

Legal Guardian: Yes / No Send Mailing: Yes / No E-mail: _____