Ashland County 4-H Cloverbot Registration 2017

NAME: _____ |_____|_____Male _____ Female _____
First M/I Last

COMPLETE MAILING ADDRESS: _____
House number Street or Road number

_____
City State Zip

County of Residence: _____ Email Address: _____

HOME PHONE: (_____) _____ - _____

FATHER'S NAME and CELL NUMBER:_____ _____

MOTHER'S NAME and CELL NUMBER:_____ _____

Emergency Name/Number/Relationship: _____

BIRTHDATE: _____ - _____ - _____ AGE (as of **1/1/17**): _____GRADE (as of **1/1/17**): _____YEARS IN 4-H: _____

RESIDENCE: (Check One) _____ Farm _____ Rural non-farm or Town under 10,000 (Jeromesville, Loudonville, Polk etc.) _____ Town or City - 10,000 - 50,000 (Ashland)

ETHNIC (Check One) _____ Hispanic _____ Not Hispanic

RACE (Check all that apply) _____ White _____ Black _____ Alaskan/Am. Ind. _____ Asian _____ Hawaiian/Pac. Island

NAME OF SCHOOL YOU ATTEND: _____

MEMBER'S SIGNATURE: _____

PARENT SIGNATURE: _____

_____ My shirt size is: Child Small Child Medium Child Large Adult Small Adult Medium

_____ I might be interested in attending the Cloverbot Challenge in Columbus on June 3, 2017

_____ I know for sure I am unable to attend the Cloverbot Challenge in Columbus on June 3, 2017

Please note any allergies or other information we need to know about your child:

Office Use only
Fee paid ___
Shirt ___