

4-H WORKSHOP REGISTRATION FORM

Registration will be on a first-come, first-served basis, so register as soon as possible to ensure your space at the workshop. To register, complete this form and the Media Release/Medical Treatment Authorization form. Feel free to copy any of these forms as needed.



Return the forms, with payment, to your county MSU Extension office.

Youth must have adult chaperons of the same gender. The ratio is 1 adult to 5 youths of the same gender for youth aged 13 and up, and 1 to 3 for youth aged 12 and under.

Name _____

Phone _____

Address _____

County _____

City _____ State _____ Zip _____

Birth date (if 18 or under) _____ Age _____

Status (circle one): Member, Volunteer, Chaperon,
Staff (Other (please specify) _____)

If member, list your chaperon's name (if known):

If chaperon, list the names of the youth you will chaperon (if known):

Do you have a disability or special needs? Yes No

If yes, please list: _____

Accommodations for persons with disabilities may be requested by calling the State 4-H Office at (517) 353.2922 three weeks before the workshop to ensure sufficient time to make arrangements. Requests received after this time will be met when possible.

Racial-Ethnic Category: (optional-for affirmative action purposes only) Are you of Hispanic ethnicity? Yes No

African American/Black (only)

African American/Black & American Indian
or Alaskan Native

American Indian or Alaskan Native (only)

Arabic

Asian (only)

Native Hawaiian or Other Pacific Islander (only)

White (only)

White & African American/Black

White & American Indian or Alaskan Native

White & Asian

Other (please specify) _____

Workshop Title: _____

Sessions: _____

Attending entire conference? Yes No
(If no, enter arrival and departure dates and times below.)

Arrival: _____

Departure: _____

Need lodging? Yes No

Cost:	
4-H members and volunteers	_____
County scholarship, if applicable	_____
<i>(Check with your county MSU Extension office to see if scholarships are available.)</i>	
Non4-H members and volunteers	_____
TOTAL DUE	_____

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