

4-H Club Registration Form

Name of Club: _____

Date Submitted to Office: _____

Please duplicate and submit copy to 4-H Office with check and Volunteer Self Disclosure forms. Club keeps medical forms.

Office Use	Family Name	Members First & Last Name (if different from family)	Youth	Adult	Medical Release	Self Disclosure (Adult)	Check # (optional)	Cash Amount (optional)	Total Amount Paid	Notes (optional, club use)	Confirmed by VEC	OFFICE USE			
												Certified	Livescan clear	Card Mailed	Confirmed by office.
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Youth total: : Adult total Total fees collected