4-H Cloverbuds

Name_____
First name *Last name*

Address_____
Street or P.O. Box *City* *State* *Zip*

Phone_____ **Gender** *(circle one)* **Male** **Female**

Race *(circle one)* **Black** **White** **Hispanic**
Asian or Pacific Islander **American Indian** **Other**

Grade _____ **Date of Birth** _____ **/** _____ **/** _____
(month, day, year)

Club Name_____

I give my permission for _____ **to join 4-H. I understand that my child, by participating in the Louisiana 4-H Youth Development Program, may be photographed or videotaped for promotional or educational purposes.**

_____
Signature of Parent or Guardian

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