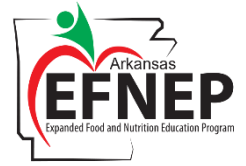




DIVISION OF AGRICULTURE
RESEARCH & EXTENSION
 University of Arkansas System

Youth Group Enrollment Form



P.A. Name :

Volunteer Name: _____

Youth Group Name: _____

Group Mailing Name: _____

Group Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email Address: _____

Start Date: _____ **End Date:** _____

Delivery Mode:

- School Enrichment Program
- After School Program
- 4-H/Other: _____

Number of **lessons:** _____

Number of **times met:** _____

Number of contact **hours:** _____

Number of youth in other 4-H programs: _____ Number of graduates: _____

YOUTH BY GRADE																		
		Pre-K	K	1	2	3	4	5	6	7	8	9	10	11	12	13	Special	Totals
YOUTH by SEX	Female (#)																	
	Male (#)																	
Totals																		

YOUTH BY RESIDENCE					
Farm	<10,000 & Rural	10,000- 50,000	Suburbs > 50,000	Cities > 50,000	Totals

YOUTH BY RACE/ETHNICITY					
		Not Hispanic/Latino	Hispanic or Latino	Not Provided	Total By Race
Only One Race	American Indian or Alaskan Native				
	Asian				
	Black				
	Native Hawaiian or Pacific Islander				
	White				
	Not Given				
Multiple Races	American Indian or Alaskan Native and White				
	Asian and White				
	Black and White				
	American Indian or Alaskan Native and Black				
	All Others				
Total by Ethnicity					

FCS-384
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