



Kolts & Kitties MEMBER INFORMATION FORM



Member Information		
Name:	Birth Date:	
School:	District:	Grade:
Street Address:		
City:		Zip:
Mailing Address:		
City:		Zip:
Home Phone:	Member Cell:	
Member E-Mail:		
Parent 1 Information		
Parent 1 Name:		
Parent 1 Cell:		
Parent 1 E-Mail:		
Parent 2 Information		
Parent 2 Name:		
Parent 2 Cell:		
Parent 2 E-Mail:		
4-H Information		
Age Group:		
<input type="checkbox"/> Primary (K-2nd) <input type="checkbox"/> Junior (3rd-5th) <input type="checkbox"/> Intermediate (6th-8th) <input type="checkbox"/> Senior (9th-12th)		
Projects:		
<input type="checkbox"/> Horses <input type="checkbox"/> Cats <input type="checkbox"/> Performing Arts <input type="checkbox"/> Other Animals: _____		
<input type="checkbox"/> Other Projects:		