POTENTIAL 4-H MEMBER’S INTEREST FINDER

Parent or Guardian: ____________________________________________

(Last) (First)

Address: ______________________________________________________

(Number, Road or Street)

(City) (Zip Code) (Township)

Day Phone: __________________________ Evening Phone: __________________________

Email Address: ________________________________________________

Youth Name(s) and Age(s): ______________________________________

List your interests below. Refer to the 4-H Project Listing.

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

(Parent's or Guardian's Signature) (Date)

Please mail, fax or email this form to:

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4-H Program Coordinator
MSU Montcalm Extension
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