



# OMK Registration Form



## Youth Information

Name...: \_\_\_\_\_

Address: \_\_\_\_\_

City.....: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (Home) : \_\_\_\_\_ Phone (Cell): \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

**Military Branch Affiliation: Please circle the appropriate branch and *status*.**

Army,            Air Force,            Navy,            Marine,            Coast Guard,

*Active,*            *Guard,*            *Reserve,*

**If Non-Military:** Name of 4-H Club: \_\_\_\_\_ County: \_\_\_\_\_

Participating in what Event: \_\_\_\_\_

## Parent/Guardian

Name.....: \_\_\_\_\_

Home Address: \_\_\_\_\_

City.....: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (Home\_ : \_\_\_\_\_ Phone: (Cell): \_\_\_\_\_

Phone (Work): \_\_\_\_\_

**Print off and/or mail or Fax to:** Clemson Extension, 115 N. Harvin St., 5th Floor, Sumter, SC 29150 (Fax Number: 803-773-0070) Email for more information: [Woodrow@clemson.edu](mailto:Woodrow@clemson.edu).