



# 2025-26 Tennessee 4-H Enrollment Form

F 860

\_\_\_\_\_ County School \_\_\_\_\_ Teacher \_\_\_\_\_

<b>First Name</b>	<b>Middle Initial</b>	<b>Last Name</b>
<b>Gender</b> <input type="checkbox"/> Boy <input type="checkbox"/> Girl		
<b>Race (can choose more than one)</b>	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Asian
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<input type="checkbox"/> White
<input type="checkbox"/> Other/Unidentified		
<b>Ethnicity</b>	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Non-Hispanic
		<input type="checkbox"/> Unidentified

<b>Grade in School</b>	<b>Email Address</b>
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**Projects**

- Beef
- Citizenship
- Clothing & Textiles
- Communications/Public Speaking
- Companion Animals (cat, dog, rabbit, etc.)
- Computers and Technology
- Consumer Education
- Creative Arts and Design
- Culinary
- Dairy
- Energy
- Entomology/Beekeeping
- Entrepreneurship
- Environmental/Ag Engineering (EASE)
- Food Sciences
- Forestry, Wildlife and Fisheries
- Goat
- Healthy Living
- Horse

- Leadership
- Mechanics/Safety Sciences
- Outdoor Recreation/Shooting Sports
- Performing Arts
- Photography & Digital Media
- Plant Sciences
- Poultry
- Sheep
- Swine
- Vet Sciences

**Activities**

- Consumer Decision Making
- Dairy Cattle Judging
- Dairy Products
- FCS Skillathon
- Forestry Judging
- Grill Master Challenge
- Horse Judging
- Land Judging
- Livestock Judging
- Meat Judging and ID
- Poultry Judging
- Wildlife Evaluation

Shirt Size: \_\_\_\_\_ (Adult sizes only)

**Describe where you live**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Farm                             | <input type="checkbox"/> Town or city 10,000 to 50,000      | <input type="checkbox"/> Central city over 50,000 |
| <input type="checkbox"/> Rural non-farm/town under 10,000 | <input type="checkbox"/> City or suburb of city over 50,000 |   |

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Parent(s)/Guardian(s)**

<b>First Name</b>	<b>Middle Initial</b>	<b>Last Name</b>
Is your parent currently enlisted in the military?	<input type="checkbox"/> Yes	<input type="checkbox"/> No