AAP-3

Enrollment Sheet

Club Name: _____ 4-H Year: Oct. 1, 20___ to Sept. 30, 20___

NAME	FULL ADDRESS	PHONE	E-MAIL	SEX

An officer is requested to make an observed determination of the racial-ethnic make-up of the club and enter the correct number of enrollees in the table below.

Race Group or Ethnicity	White (not of Hispanic origin)	Black (not of Hispanic origin)	Native American	Hispanic	Asian or Pacific Islander
Number of Enrollees					

I have read the Instructions for Clubs regarding compliance to **Title VI of the Civil Rights Act of 1964** and certify that this club is open to individuals without regard to race, color, religion, sex, national origin, age, disability, veteran status, or sexual orientation.

Officer's Name: _____ Officer's Title: _____

Officer's Signature: _____ Date: _____

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