UF UNIVERSITY of FLORIDA
IFAS Extension

Florida 4-H Club Registration Form

☐ New Enrollment ☐ Re-Enrollment

Club Name _____ **City** _____

Leader Name _____ **Contact Phone** _____
Last First

Co-Leader Name _____ **Contact Email** _____
Last First

Meeting Place _____ **Meeting Time** _____ : _____ AM / PM

Meeting Occurrence
(i.e. Every Tuesday) _____

Gender: ☐ Male ☐ Female ☐ Both **Ages:** ☐ 5-7 ☐ 8-10 ☐ 11-13 ☐ 14-18 ☐ Mixed

STATEMENT OF COMPLIANCE

As a cooperative Federal-State-County Agency, the Extension Service must comply with the provisions of the Federal Civil Rights Act of 1964. Under this act, the Extension Service is prohibited from providing assistance to any organization, or participating in the activities of any organization, which discriminates or subjects any person to discrimination on the basis of race color, sex, national origin, disabilities or handicap.

This is to certify that _____
(Club Name)

Does not discriminate on the basis of race, color, sex, national origin, disabilities or handicap.

Name _____
(Club Leader)

Signature _____

Date _____

In accordance with the Americans with Disabilities Act and Section 286.26, F.S., persons needing accommodations or an interpreter to participate in the proceeding should notice the University of Florida Brevard County Extension Service no later than 48 hours prior to the meeting at 321-633-1702 or fax 321-633-1890.

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