



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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Fax: (989) 831-7515
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