

Trempealeau County 4H Horse Project



Member Information Form

Member Name: _____

Member's Email: _____

Address: _____

City, State, Zip: _____

Age: _____ Date of Birth: ____ / ____ / ____ Grade: ____ Years in Project: ____
MO DAY YEAR

Member's Phone # _____

Parent/Guardian Name: _____

Check if address is the same as above

Address: _____

City, State, Zip: _____

Phone #: _____ Alt
Phone #: _____

Email: _____