P.O. Box 501250 · Saipan, MP 96950 · Phone: (670) 234-5498
Fax: (670) 234-0054 · Web Site: www.crees.org

Youth Affairs Office & 4-H Marianas REGISTRATION FORM

1. NAME_____ 2. AGE____ 3. GENDER_____

4. ISLAND_____ 5. SCHOOL_____ 6. GRADE_____

7. NAME OF PARENT/GUARDIAN_____

8. PARENT/GUARDIAN'S CONT. INFO (HOME/WORK/CELL NUMBER)

H# _____ W# _____ C# _____

9. VILLAGE: _____ 10. ETHNICITY: _____

11. Nationality:_____12. Allergies:_____

○ I authorize the 4-H Youth Development Program, NMC-CREES and the Youth Affairs Office to use my child's photo/video for reporting purpose and/or promoting the 4-H program and NMC-CREES.

○ I authorize NMC-CREES staff to transport my child to and from activity venues outside NMC campus.

_____ _____ _____
Parent/Guardian (print) Signature Date

List names & numbers of those authorized to pick up/drop off your child:

_____

_____

_____

Educational programs are open to all, regardless of age, race, color, national origin, sex, religion or handicap.
In accordance with Cooperative Extension Acts of May 8 and June 30, 1914 in cooperation with the US Department of Agriculture (USDA).