



NATIONAL 4-H CONFERENCE REGISTRATION FORM

This form includes the information collected on the National 4-H Conference online registration system.

PARTICIPANT INFORMATION (Required)

List the following information found on your photo identification.

1. FULL NAME (First, Last)	2. DATE OF BIRTH (Month Day Year)	
3. MAILING ADDRESS	4. Apt, Unit, etc.	
5. CITY	6. STATE	7. ZIP CODE
8. EMAIL ADDRESS	9. CELL PHONE NUMBER	

10. REGISTRATION TYPE (Select one)

- | | |
|--|--|
| <input type="checkbox"/> Adult Chaperone | <input type="checkbox"/> USDA-NIFA Staff |
| <input type="checkbox"/> Collegiate Facilitator | <input type="checkbox"/> Youth Leadership Team |
| <input type="checkbox"/> Collegiate Facilitator Adult Advisor | <input type="checkbox"/> Youth Leadership Team Adult Advisor |
| <input type="checkbox"/> Military Connected Adult Chaperone | <input type="checkbox"/> Youth Participant (Delegate) |
| <input type="checkbox"/> Military Connected Youth Participant (Delegate) | |

11. T-SHIRT SIZE

- ☐ Small ☐ Medium ☐ Large ☐ XL ☐ 2XL ☐ 3XL

DEMOGRAPHIC INFORMATION (Optional)

This information will inform our understanding of demographics among the participants of National 4-H Conference.

12. AGE (on 1 st day of National 4-H Conference) Youth delegates must be 15 to 19 years-old.	13. GRADE LEVEL
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14. What is your race and/or ethnicity? Select all that apply and enter additional details in the spaces below.

☐ American Indian or Alaska Native – Enter, for example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc.

☐ Asian - Provide details below.

- | | | |
|-------------------------------------|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Filipino |
| <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Korean | <input type="checkbox"/> Japanese |

Enter, for example, Pakistani, Hmong, Afghan, etc.

☐ Black or African American - Provide details below.



National Institute of Food and Agriculture

U.S. DEPARTMENT OF AGRICULTURE

OMB Number 0524-0054
Expiration Date 01/31/2027

<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> African American</div><div><input type="checkbox"/> Jamaican</div><div><input type="checkbox"/> Haitian</div></div> <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Nigerian</div><div><input type="checkbox"/> Ethiopian</div><div><input type="checkbox"/> Somali</div></div> <p>Enter, for example, Trinidadian and Tobagonian, Ghanaian, Congolese, etc.</p> <hr/>	
<div><input type="checkbox"/> Hispanic or Latino - Provide details below.</div> <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Mexican</div><div><input type="checkbox"/> Puerto Rican</div><div><input type="checkbox"/> Salvadoran</div></div> <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Cuban</div><div><input type="checkbox"/> Dominican</div><div><input type="checkbox"/> Guatemalan</div></div> <p>Enter, for example, Colombian, Honduran, Spaniard, etc.</p> <hr/>	
<div><input type="checkbox"/> Middle Eastern or North African - Provide details below.</div> <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Lebanese</div><div><input type="checkbox"/> Iranian</div><div><input type="checkbox"/> Egyptian</div></div> <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Syrian</div><div><input type="checkbox"/> Iraqi</div><div><input type="checkbox"/> Israeli</div></div> <p>Enter, for example, Moroccan, Yemeni, Kurdish, etc.</p> <hr/>	
<div><input type="checkbox"/> Native Hawaiian or Pacific Islander - Provide details below.</div> <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Native Hawaiian</div><div><input type="checkbox"/> Samoan</div><div><input type="checkbox"/> Chamorro</div></div> <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Tongan</div><div><input type="checkbox"/> Fijian</div><div><input type="checkbox"/> Marshallese</div></div> <p>Enter, for example, Chuukese, Palauan, Tahitian, etc.</p> <hr/>	
<div><input type="checkbox"/> White - Provide details below.</div> <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> English</div><div><input type="checkbox"/> German</div><div><input type="checkbox"/> Irish</div></div> <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Italian</div><div><input type="checkbox"/> Polish</div><div><input type="checkbox"/> Scottish</div></div> <p>Enter, for example, French, Swedish, Norwegian, etc.</p> <hr/>	
15. SEX <input type="checkbox"/> Female <input type="checkbox"/> Male	
LODGING INFORMATION (Required) <i>This information must be assigned by the Land-grant Institution or Military Service Branch.</i>	
16. CHECK-IN DATE	17. CHECK-OUT DATE
18. NAME OF ROOMMATE	
REASONABLE ACCOMMODATIONS	
19. ACCOMMODATION REQUESTED (be as specific as possible, if accommodation is time sensitive, please explain)	
20. REASON FOR REQUEST	
DIETARY INFORMATION	
21. DIETARY RESTRICTIONS (check all boxes that apply)	



<input type="checkbox"/> None	<input type="checkbox"/> Dairy Free	<input type="checkbox"/> Vegan	<input type="checkbox"/> Nut Free
<input type="checkbox"/> Gluten Free	<input type="checkbox"/> Vegetarian	<input type="checkbox"/> Other _____	
NAME BADGE INFORMATION			
22. List your first name as you would like it to appear on your name badge.			
23. List the Land-grant Institution or Military Service Branch you are representing. <i>Examples: Purdue University, Indiana; Virginia State University, Virginia; Hill Air Force Base, Utah; USAG Brussels Army Base, Belgium</i>			
ACTIVITY PREFERENCES			
24. List your top three choices for challenge question topics. Challenge question topics can be found in the Delegate Handbook. (For Youth Delegates Only)			
1st choice	2nd choice	3rd choice	
25. List your delegates top three choices for community service. Community Service choices can be found in the Delegate Handbook. (For Chaperones Only)			
1st choice	2nd choice	3rd choice	
26. How many people (adult chaperones and youth delegates) are in your delegation? (For Chaperones Only)			
QUESTION FOR THE U.S. SECRETARY OF AGRICULTURE (Optional)			
27. If you had the chance to ask the U.S. Secretary of Agriculture a question, what would it be?			
PARTICIPANT AFFIRMATION			
<input type="checkbox"/> By checking the box to the left, I understand my behavior affects the entire National 4-H Conference community and that I represent myself, my local and state/territory 4-H Program and the 4-H Youth Development Program. Therefore, I have read, understand, and will abide by the National 4-H Conference Handbook and Code of Conduct.			
<input type="checkbox"/> By checking the box to the left, I consent to the reproduction, and use, royalty-free, of motion picture films, videotapes, recorded sounds, and still photographs of me by the Communications Staff, National Institute of Food and Agriculture, United States Department of Agriculture for all purposes including, but not limited to, education, training, trade, display, editorial, advertising, promotion, art, and exhibits. In giving this consent, I release the United States, its officers, employees, nominees, and designees from liability for any violation of any personal or proprietary right I may have in connection with such reproduction, and use.			
<input type="checkbox"/> By checking the box to the left, I understand that all publications, films, slides, videos, artistic or similar endeavors, resulting from my National 4-H Conference experience will become the property of the United States, and as such, will be in the public domain and not subject to copyright laws.			
<input type="checkbox"/> By checking the box to the left, I consent to receive email, mail, texts, or phone call communications relating to announcements, assignments, logistics, mentoring, or similar matters regarding the National 4-H Conference.			
<input type="checkbox"/> By checking the box to the left, I consent to participate in National 4-H Conference evaluation by a third-party evaluator. Evaluation may include participating in observations, evaluations, and feedback relating to a participation in National 4-H Conference activities (such as survey assessments or formal observations). I consent to share my demographic information (such as age, ethnicity, race, sex, Land-grant University, etc.) with the third party National 4-H Conference evaluator.			
<input type="checkbox"/> By checking the box to the left, I consent to be transported while participating in and traveling to and from this event by hired drivers authorized by the organizers of National 4-H Conference.			



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28. PARTICIPANT NAME (First, Last)	29. PARTICIPANT SIGNATURE	30. DATE
PARENT/GUARDIAN CONSENT		
<input type="checkbox"/> By checking the box to the left, I affirm that I am the parent/guardian of the above-named participant and consent to their participation in National 4-H Conference. I have read, understand, and agree to follow the National 4-H Conference Handbook and provide consent for the participant affirmation(s) checked above. I understand that providing consent is voluntary and not required. I understand that not providing consent may limit this young person's ability to participate in National 4-H Conference.		
31. PARENT/GUARDIAN NAME		
32. EMAIL	33. TELEPHONE NUMBER	
34. PARENT/GUARDIAN SIGNATURE	35. DATE	
NON-DISCRIMINATION STATEMENT		
<p><i>In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.</i></p> <p><i>Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.</i></p> <p><i>To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at How to File a Program Discrimination Complaint and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.</i></p> <p><i>USDA is an equal opportunity provider, employer, and lender.</i></p> <p><i>Public reporting for collection of information is estimated to average 1 hour, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless it displays a current valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to NIFA, OGFM, 2312 East Bannister Road, Mail Stop 10,000, Kansas City, MO 64131, Attention Policy Section. Do not return the completed form to this address. National Institute of Food and Agriculture US Department of Agriculture OMB No. 0524-0054 Form Approved For Use Through 01/31/2027</i></p>		