**4-H Alumni Information Form**

Date: _______________________

Name: _______________________________________

Spouse: _______________________________________

Number of Children: ______________________________

Address: _______________________________________

_______________________________________________

City: __________________________    State: __________

Email: _________________________________(optional)

Phone: ________________________________ (optional)

Please return to a 4-H professional or mail to the State 4-H Office, 115 Hutcheson Hall, Virginia Tech, Blacksburg, VA 24061

**Check All That Apply**

__  I am a current or past 4-H volunteer

__  I was in 4-H as a youth in Virginia in

___________________________________________ County.

__  I was in 4-H as a youth in

___________________________________________ (state or country)

__ My children participate(d) in 4-H in

___________________________________________ County.

__ My grandchildren participate(d) in 4-H in

___________________________________________ County.

*18 USC 707     VT/1012/pdf/4H-61

Virginia Cooperative Extension