Tell us about YOU!!!
Youth: Simply Good Eating

Date: ____________________________
First Name: ________________________
Middle Name: ______________________
Last Name: ________________________
City: ___________________ Zip: _______
Are you in 4-H? ___Yes ___No
Age? _____ Grade? ______
Where do you live? (\checkmark one)
_____ On a farm
_____ In a town or in the country
_____ In a city over 10,000 people
_____ In a city over 50,000 people
_____ In a suburb of a city

Ethnicity (\checkmark one):
_____ Hispanic or Latino
_____ Non-Hispanic and Non-Latino

Race (\checkmark all that apply):
_____ American Indian or Alaska Native
_____ Asian
_____ Black or African American
_____ Native Hawaiian or Pacific Islander
_____ White

Gender:
_____ Boy
_____ Girl

Category (office use only): ___ I ___II ___III
CNE: ___________________________ Course #:________________

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