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? (√ 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 (√ one):
_____ Hispanic or Latino
_____ Non-Hispanic and Non-Latino

Race (√ 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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6/19/11