Tell us about YOU!!!
Teen: 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? (V 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

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