



UNIVERSITY OF GEORGIA
EXTENSION



ROCK EAGLE 4-H CENTER PARTICIPANT NUMBER CONFIRMATION FORM

School Name: _____ Date(s) Attending: _____
Lead Contact: _____ Phone: _____ Email: _____
GA County where School is Located: _____ OR State (if not GA): _____

Please Select One: Public School Private School Homeschool

For in-person residential and in-person day programs, Rock Eagle 4-H Center requires guaranteed participant counts seven days prior to your arrival. For in-person programs, there will be a \$10.00 per person charge for each space reserved but not showing. All lodging and teaching group assignments will be based upon your final numbers.

STEP 1- PARTICIPANTS TOTALS):

Please record the numbers of youth from each grade and the number of adults below. Please also record the group total.

Grade Level	# of Participants	Grade Level	# of Participants	Grade Level	# of Participants
Pre-K		4		9	
K		5		10	
1		6		11	
2		7		12	
3		8		ADULT	



**TOTAL NUMBER
OF PEOPLE
ATTENDING:**

As part of the University of Georgia Cooperative Extension, Rock Eagle 4-H Center is required to submit participation numbers and associated demographics on federal reports annually.

STEP 2 – RACE TOTALS):

The USDA uses the following designations for race. Please include numbers below for both youth and adults participating in the program. *PLEASE NOTE*, racial demographics should be *equal to OR more* than the group total participation numbers recorded above.

RACE	Male Youth	Male Adults	Male Race Totals	Female Youth	Female Adults	Female Race Totals
White						
African American or Black						
American Indian or Alaskan Native						
Asian						
Native Hawaiian or Other Pacific Islander						
More Than One Race						

STEP 3 – ETHNICITY TOTALS):

In addition to race, please also indicate the number of Hispanic or Latino participants. *PLEASE NOTE*, ethnicity totals may not match group totals if for example a student is classified as both “White” and “Hispanic.”

ETHNICITY	Male Youth	Male Adults	Male Ethnicity Totals	Female Youth	Female Adults	Female Ethnicity Totals
Hispanic or Latino						

OFFICE USE ONLY

Date Received: _____ Collection Method: ___ Participant Recorded (by group contact) OR ___ Observed (by staff)
Date GA Counts Entered: _____ SELECT: In-person: ___ Residential OR ___ Day VenueOps Event Type: ___ E1 ___ E2 ___ E3 ___ E4 ___ E5 ___ E6 ___ T1
EE Contact hours: _____ Non-in-person: ___ Virtual (Day), Program Title _____

georgia4h.org