

CALIFORNIA 4-H ACCIDENT INSURANCE
LIST OF PAID MEMBERS AND LEADERS

PLEASE PRINT

COUNTY _____ PROGRAM YEAR _____

NAME OF 4-H UNIT _____

NAMES OF 4-H MEMBERS AND LEADERS WHO HAVE PAID INSURANCE PREMIUM, 4-H
COUNCIL ASSESSMENT AND FORMS FEE:

PLEASE LIST IN ALPHABETICAL ORDER

LEADERS	AMT. PAID	MEMBERS	AMT. PAID
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Signature of 4-H Leader

Date

This list must be kept on file at the county 4-H office for two program years beyond the effective program year (e.g. 1993-94 records must be on file until July 1996). Large clubs - use additional forms.