CLUB CERTIFICATION

FOR OFFICE USE ONLY
FORMS ON FILE: ENROLLMENT _____ FINANCIAL REPORT _____ PROGRAM PLAN _____

NAME OF GROUP _____

TYPE OF GROUP _____
(4-H Club, Special Interest Group)

MEETING:

LOCATION: _____

DAY OF WEEK: _____

TIME: _____

CLUB OFFICERS FOR YEAR _____ARE AS FOLLOWS:

President_____ Vice President _____

Secretary _____ Treasurer _____

Other Offices _____

_____

INSURANCE POLICY OF CLUB FOR YEAR

_____ _____

Name of Company Policy Number

Date effective: _____ No# insured: _____

As the volunteer leader(s) of this 4-H Club, I/we certify that the club is open to all regardless of race, color, national origin, sex, disability, age or religion.

Signed: _____

4-H Organizational Leader

_____

4-H Co-Organizational Leader

Employee Identification Number (EIN) is required by 4-H clubs with money in a bank. Club EIN # is: _____.

On the basis of the information provided, this club is authorized to use the 4-H name and emblem in connection with it's program and activities and is considered an official unit of the Extension Service.

Date_____

_____

County Extension 4-H Youth Staff

9/97 "Enrollment" Section