



### 4-H CLUB ACTIVITY FORM

DATE SUBMITTED: \_\_\_\_\_ DATE APPROVED: \_\_\_\_\_

CLUB NAME: \_\_\_\_\_

DATE OF ACTIVITY: \_\_\_\_\_

CLUB ACTIVITY: DESCRIPTION OF ACTIVITY, LOCATION, TIME

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NUMBER OF YOUTH \_\_\_\_ AND CLUB ADULTS \_\_\_\_ PARTICIPATING IN ACTIVITY

\*\*\*\*\*TO PROCESS THE AMERICAN INCOME LIFE (AIL) INSURANCE POLICY – ADDITIONAL  
INSURANCE FOR 4-H MEMBERS AND VOLUNTEERS\*\*\*\*\*

EDUCATIONAL PURPOSE OF ACTIVITY:

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NAME/ TELEPHONE NUMBER OF ADULT(S) IN CHARGE OF 4-H ACTIVITY:

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**Please turn in this form to the 4-H office at least one week prior to your activity.**

**\*\*Remember that 4-H members must have adult supervision at all times or 4-H Insurance will not cover the activity.**

**\*\* 4-H member Health Information must be kept with the adults-in-charge of the activity at all times! This information can be accessed through the club profile in 4-H Online or by contacting the 4-H Office.**