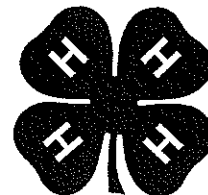


Accident Insurance Enrollment 2007-2008 Program Year



Club Name: _____

Key/Organizational Leader: _____

Full Mailing Address: _____

Telephone – Day : (_____) _____ Evening: (_____) _____

Insurance Coverage Information

Horse Project Clubs

Number of Members _____ x \$2.00 = \$ _____

Number of Leader _____ x \$2.00 = \$ _____

All Other Clubs

Number of Members _____ x \$1.00 = \$ _____

Number of Leader _____ x \$1.00 = \$ _____

Total Due to MSU Extension - Bay County: \$ _____

Signed: _____

Date: _____

Receipt Information

Total Amount Paid to MSU Extension: \$ _____

Receipt Number: _____

Staff Signature: _____

Date: _____

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