

American Life Insurance

All 4-H Members (adult and youth) must be covered under the county’s American Life Insurance Policy.



Please complete this form and return to the OSU Extension office by **March 1st there are no exceptions.**

4-H Club Name or Committee Name: _____

Provide in the spaces below the list of members covered.

Name	Youth or Adult (please circle one)	Amount to be paid (\$1 for non saddle horse participants) (\$2 for saddle horse participants)
	Youth Adult	
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	Youth Adult	

More spaces Available on the other side

Number of Non –Saddle Horse participants _____ x \$1.00 = \$ _____

Number of Saddle Horse participants _____ x\$2.00 = \$ _____

Total _____ \$ _____

The Check is to be made payable to the OSU Extension – Columbiana County

