



INDIANA EXTENSION HOMEMAKERS ASSOCIATION
EVENT INSURANCE INFORMATION

COUNTY _____ Date of event _____

LOCATION OF EVENT: _____

NAME OF CLUB OR EVENT: _____

DESCRIPTION: _____

APPROXIMATE NUMBER OF PERSONS SERVED AT THIS EVENT: _____

NUMBER OF MEMBERS INVOLVED IN CONDUCTING THIS EVENT: _____

DESCRIBE THE FREQUENCY OF THIS EVENT (e.g. Once a week, once a month, every May)

Event Chair or Project Coordinator: _____
(Required)

Address: _____

Phone: _____ E-Mail: _____