

BCHC EDUCATION FUND INC.  
**BCHC Youth Educational activities request form**

BCHC UNIT: \_\_\_\_\_ Submitted by: \_\_\_\_\_ Event date: \_\_\_\_\_

Overnight camping including minors \_\_\_\_\_ Livestock being provided \_\_\_\_\_

Description of event: \_\_\_\_\_  
\_\_\_\_\_

Location of event: \_\_\_\_\_  
\_\_\_\_\_

List of Youth Volunteer Program Card holders that will be participating:

1. \_\_\_\_\_ Person in charge of event (chairperson, trail boss, leader)
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_

List additional names on an attached sheet.

These names can be checked with the BCHC VP Education-Youth for certification verification.

Does your event require an Additional Insured?

(Yes:    No:    )

Or a Certificate Holder (Yes:    No:    )

If yes to either please give the following information (note: An additional Insured is "added" to your Club's policy for coverage and has a \$25 premium fee per Additional Insured on your policy. A Certificate Holder is just requesting Proof that your club has liability coverage for that event)

Additional insured or certificate holder:

Name and complete address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If requesting an additional insured please complete the following:

They are requesting to be added as additional insured as: \_\_\_\_\_

Property Owner of where the event will be held: \_\_\_\_\_

Location associated, such as City, State , or County: \_\_\_\_\_