

BCHC EDUCATION FUND INC.
BCHC Youth Educational Activities Request Form

BCHC UNIT: _____ Submitted by: _____ Event date: _____

Overnight camping including minors _____

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: _____