# YOUTH MINISTRY INSURANCE FORM

CHURCH & DISTRICT:_____ ADV./PATHF./AMBAS./YOUTH: _____

DATE: _____ DIRECTOR: _____

| No. | Name | Date of Birth |
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Total Members: _____ Total Insurance: _____ ($3.50/member)

We hereby agree to pay the above sum, as insurance cover for our Club for the year, _____.

Signature: _____ **(CLUB SECRETARY)**