Kern County 4-H Program
MEMBER Insurance Payment List

Please list the names of members who insurance is being paid. These members will in turn be confirmed on a county level, and their enrollment will become 'Active'. Please note, individuals MUST have re-enrolled before they can confirmed!

Club:_____ **Program Year** (payment is being made for):_____

Community Club Leader (or person handling enrollment):_____

Phone (in case there are any questions) :_____

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Kern County 4-H Program
LEADER Insurance Payment List

Please list the names of leaders who insurance is being paid. These leaders will in turn be confirmed on a county level, and their enrollment will become 'Active'. Please note, individuals MUST have re-enrolled before they can confirmed!

Club:_____ **Program Year** (payment is being made for):_____

Community Club Leader (or person handling enrollment):_____

Phone (in case there are any questions) **:**_____

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