



INDIANA EXTENSION HOMEMAKERS ASSOCIATION  
EVENT INSURANCE INFORMATION

COUNTY \_\_\_\_\_ Date of event \_\_\_\_\_

LOCATION OF EVENT: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe this event: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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: \_\_\_\_\_

Return this form to the IEHA State Treasurer. Retain a copy for County records.