



New Mexico State University - COOPERATIVE EXTENSION SERVICE - U.S. Department of Agriculture



APPLICATION FOR CERTIFICATION OF INSURANCE

Name of 4-H event or activity _____

Dates event will be conducted _____

Name and Address of Facility _____

Name, title and complete mailing address of person to whom the certificate should be mailed

_____ County

_____ Agent's Signature

New Mexico State University is an equal opportunity/affirmative action employer and educator. NMSU and the U.S. Department of Agriculture cooperating.



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