



Missouri Cattlemen's Association

Serving Missouri's Cattle Industry Since 1911

Insurance Form for County Affiliates

Affiliate Name _____

Contact Person _____

Phone _____ Address _____

City _____ State _____ Zip _____

Event Name _____

Event Description

Event Location _____

Address _____ City _____ State _____ Zip _____

Number of Affiliate Volunteers Serving/Cooking _____

Number of Consumers _____

Product Served/Sold _____

Date of Event _____

Signature _____ Date _____