INSURANCE NOTICE

---- Club Sponsored Class -----

DOES NOT REQUIRE AN ENROLLMENT FEE

(ALSO REQUIRES NOTIFICATION OF EVENT OR REQUEST FOR CERTIFICATE FOR SPECIAL DANCE FORM)

CLUB NAME			
FEDERATION / ASSOCIATION	**California Square Dance Council/Associated Square Dancers of Superior California**		
CLASS BEGINNING DATE		**ENDING DATE**	

Name of Dancer	Name of Dancer

Send form to Federation/Association Insurance Chairman.