CLUB ROSTER

ENROLLMENT FOR THE YEAR 2010 .

CLUB NAME	
COUNCIL/ASSOCIATION/FEDERATION	**California Square Dance Council/Associated Square Dancers of Superior California**

Name of Dancer	Name of Dancer

In accordance with the long established requirements of the USDA Insurance program and our insurance underwriters – All members of the club must participate in the United Square Dancers of America Insurance Program for the club to be covered under the liability policy.
Please acknowledge compliance with this requirement by signing and returning this form:

Signature: _____ **Title:** __ _____ **Date:** __ ____

Number of Club Members this Page __ ___

Send Form and Check to Federation/Association Insurance Chairman