

REQUEST FOR CERTIFICATE

Please TYPE OR PRINT with ballpoint pen.

LOCATION.. means the name of the actual Location of the dance. State complete address: street, city, state and zip code.

NAME OF THE ADDITIONAL INSURED... means the owner or organization of owners who wants their names added to your liability insurance. Normally this differs from the name of the facility being used or the location of that facility.

DATE [s] ... means special dance date. "Example: Every Sat. in 20xx is O.K."

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1.	LOCATION OF EVENT				
	STREET ADDRESS				
	CITY	STATE	ZIP		
2.	NAME(S) OF ADDITIONAL INSURED				
	STREET ADDRESS				
	CITY	STATE	ZIP		
3.	LIST OF ALL BUILDINGS USED				
4.	DATE(S) AND TIME OF EVENT				
5.	TYPE OF EVENT				
Requested by	Federation/Organization	California Square Dance Council/Associated Square Dancers of Superior California	Date		
Requested by	Club				
Person making request					
Street Address					
City	State	Zip			
Phone	Email				
Send to: Federation /Association Insurance Chairman:					