

CFA CLUB INFORMATION

PLEASE PRINT

COUNTY:	
CLUB: NAME	
CLUB: ADDRESS OF DANCE HALL	
CLUB: WEB ADDRESS	
# OF SQUARES CLUB WILL HOLD	
CLUB WILL HOST 5 th SATURDAY DANCES	
CLUB DANCE: DAY & TIME	
CLUB DANCE: LEVEL(S)	
CLUB ELECTION MONTH	
CALLER: NAME	
CALLER: ADDRESS	
CALLER: PHONE & E-MAIL	
CUER: NAME	
CUER: ADDRESS	
CUER: PHONE & E-MAIL	
CLASS: DAY & TIME	
CLASS INSTRUCTOR: NAME	
CLASS INSTURCTOR: ADDRESS	
CLASS INSTRUCTOR: PHONE & E-MAIL	
CLASS GRADUATION MONTH	
CLUB PRESIDENT: NAME	
CLUB PRESIDENT: ADDRESS	
CLUB PRESIDENT: PHONE & E-MAIL	
BANNER CHAIRMAN: NAME	
BANNER CHAIRMAN: PHONE & E-MAIL	
CONTACT: NAME	
CONTACT: PHONE & E-MAIL	
CFA AREA DIRECTOR: NAME	
CFA AREA DIRECTOR: PHONE & E-MAIL	
DATE OF INFORMATION	

All forms are to be turned in to the Area Vice President of the CFA for distribution to: *President & Membership V.P.*