CLUB MEMBERS INSURED THROUGH A DIFFERENT CLUB

ENROLLMENT FOR THE YEAR _____

CLUB NAME/USDA #					
Person Submitting Form		Email			
Address		Phone			
City		State		Zip	
COUNCIL/ASSOCIATION/FEDERATION					

Club members must be listed in alphabetical order one name per line. Club rosters will not be accepted. You must use this form.

Name of Dancer	Club / Association Insured Through

Number of Club Members this Page _____

Send 1 Copy of this form to Your Affiliate Insurance Chairman

Revised 06/08/2023