# INSURANCE NOTICE

**ANY ADDITION TO THE CLUB ROSTER AFTER THE INITIAL ENROLLMENT FOR THE CURRENT YEAR _ _____ WILL REQUIRE AN ENROLLMENT FEE PER DANCER.**

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# ADDITIONAL ENROLLMENT

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|---|---|---|---|---|---|
| **CLUB NAME** | | | | | |
| **Person Submitting Form** | | | Email | | |
| Address | | | Phone | | |
| City | | State | | Zip | |
| **COUNCIL/ASSOCIATION/FEDERATION** | | | | | |
| **PERIOD (Month& Year)** | | | | | |

| Name of Dancer | Name of Dancer |
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**Number of Additions this Page _____**

**Send three (3) copies of this form to the Affiliate Insurance Chairman with Check**