INSURANCE NOTICE

ANY ADDITION TO THE CLUB ROSTER AFTER THE INITIAL

ENROLLMENT FOR THE CURRENT YEAR

WILL REQUIRE AN ENROLLMENT FEE PER DANCER.

ADDITIONAL ENROLLMENT

CLUB NAME		
COUNCIL/ASSOCIATION/FEDERATION		
PERIOD (Month& Year)		

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 Additions this Page _____

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