CLUB ROSTER

ENROLLMENT FOR THE YEAR _____ .

CLUB NAME	
COUNCIL/ASSOCIATION/FEDERATION	

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 Club Members this Page _____

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