

To: U.S.D.A. National Insurance Coordinator P.O. Box 22 Tucker, GA30085-0022			Date
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**FEDERATION OR ASSOCIATION CLUB LISTING**

From	Name of Association or Federation			
	Name of Insurance Chairman			
	Address of Insurance Chairman	City	State	Zip
	Phone Number			

1.	Club Name			
	Mailing Address			
	City	ST	Zip	
	Number of Members			
	Date(s) of Function			
	1.	Facility Being Used		
	Street Address			
	City	ST	Zip	
	Name as Additional Insured			
	Street Address			
	City	ST	Zip	

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2.	Club Name			
	Mailing Address			
	City	ST	Zip	
	Number of Members			
	Date(s) of Function			
	2.	Facility Being Used		
	Street Address			
	City	ST	Zip	
	Name as Additional Insured			
	Street Address			
	City	ST	Zip	

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3.	Club Name			
	Mailing Address			
	City	ST	Zip	
	Number of Members			
	Date(s) of Function			
	3.	Facility Being Used		
	Street Address			
	City	ST	Zip	
	Name as Additional Insured			
	Street Address			
	City	ST	Zip	

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4.	Club Name			
	Mailing Address			
	City	ST	Zip	
	Number of Members			
	Date(s) of Function			
	4.	Facility Being Used		
	Street Address			
	City	ST	Zip	
	Name as Additional Insured			
	Street Address			
	City	ST	Zip	

**IMPORTANT - PLEASE PRINT OR TYPE - SEND THIS FORM IN DUPLICATE TO YOUR INSURANCE CHAIRMAN**

Print Four (4) Copies of this Form – 1- for Club, 1- Affiliate Insurance Chairman, and 2 – for USDA Insurance Chairman