

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										
Person Submitting Form						Email				
Address					Phone					
City				State			Zip			
COUNCIL/ASSOCIATION/FEDERATION										
PERIOD (Month& Year)										
Name of Dancer					Name of Dancer					

Number of Additions this Page _____

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