

CLUB MEMBERS INSURED THROUGH A DIFFERENT CLUB

ENROLLMENT FOR THE YEAR _____

CLUB NAME					
Person Submitting Form		Email			
Address				Phone	
City		State		Zip	
COUNCIL/ASSOCIATION/FEDERATION					
Club members must be listed in alphabetical order one name per line. Club rosters will not be accepted. You must use this form.					
Name of Dancer			Club / Association Insured Through		

Number of Club Members this Page _____

Send 3 Copies of this form to Your Affiliate Insurance Chairman,