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 1 Copy of this form to Your Affiliate Insurance Chairman

Revised 04/25/2022