

## **Chapter 20 - Sample Forms**

Each of these forms may be duplicated and used as necessary.

- 1 Federal Tax Exemption Information Form
- 2 Accident Report Form (for insurance coverage)
- 3 Record of Club Visit (banner steal/visit)
- 4 Caller Confirmation Agreement (caller contract form)
- 5 Order Form for Individual Dancer Activity + Badges and Bars
- 6 Additional Insured Request Form

11/22/2010

**Federal Income Tax Exemption Information**

Authorization for inclusion  
in Group Exemption

**Return at once to  
MCASD President**

**Date:** \_\_\_\_\_

To whom it may concern:

We hereby authorize the Metropolitan Chicago Association of Square Dancers to include

(club name) \_\_\_\_\_

(address) \_\_\_\_\_

(city) \_\_\_\_\_ (state) \_\_\_\_\_ (zipcode) \_\_\_\_\_

in the application for group exemption from Federal Income Tax being submitted on behalf of the member clubs of the Association.

**(please check one)** We have \_\_\_\_\_ have not \_\_\_\_\_ already applied for such exemption for our club. (If you have received exemption, please enclose a copy of the IRS letter).

\_\_ 1. Our Employer Identification Number (EIN) is \_\_\_\_\_

\_\_ 2. We do not have an Employer Identification Number, but we have enclosed a completed application for (SS-4).

Signed \_\_\_\_\_

Title \_\_\_\_\_

STATE COUNCIL OF ILLINOIS SQUARE DANCE ASSOCIATIONS

# Accident Report Form

*Please type or print neatly*

Note: One must submit medical claims to their own health insurance carrier first and then, if necessary, complete this form to file a claim for any remaining unpaid expenses.

Indicate your Association/Federation:

Illinois Federation	MCASD	PASDA	Quad Cities
B 'N' B	RRADA	NISDA	Southwestern

Association/Federation contact

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Injured Person's name \_\_\_\_\_ Phone \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Injured Person's Home Club \_\_\_\_\_

Name and address of claimant's primary insurance carrier

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Policy # \_\_\_\_\_

### ACCIDENT INFORMATION:

Club or Other Place where accident occurred: \_\_\_\_\_

Location: \_\_\_\_\_

DATE: \_\_\_\_\_

TIME: \_\_\_\_\_ Before Dance \_\_\_\_\_ During Dance \_\_\_\_\_ After Dance \_\_\_\_\_

Describe in full what occurred with this accident. If necessary use other side of this form.

### Medical Attention:

Medical Facility or Hospital Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Doctors Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Send two (2) copies of report to the SCISDA Insurance Coordinator: Bill Neurauter

Enclose copies of any and all bills.

1604 S. Meyers Road

Lombard, IL 60148

(630) 495-1182 Fax (630) 261-1982

Email: [willy2806-scisda@yahoo.com](mailto:willy2806-scisda@yahoo.com)

\_\_\_\_\_  
*Signature of person completing report*

**Metropolitan Chicago Association of Square Dancers**

**Record of Club Visit**

**Club Visited:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Following members of** \_\_\_\_\_ **Square Dance Club**

**STEAL** \_\_\_ (**Times tried:** \_\_\_) (**successful** \_\_\_ **unsuccessful** \_\_\_) **RETRIEVE** \_\_\_ **VISIT** \_\_\_

1	6
2	7
3	8
4	9
5	0

**Signature of Caller** \_\_\_\_\_

Attested to and recorded by club banner chairman \_\_\_\_\_

**Metropolitan Chicago Association of Square Dancers**

**Record of Club Visit**

**Club Visited:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Following members of** \_\_\_\_\_ **Square Dance Club**

**STEAL** \_\_\_ (**Times tried:** \_\_\_) (**successful** \_\_\_ **unsuccessful** \_\_\_) **RETRIEVE** \_\_\_ **VISIT** \_\_\_

1	6
2	7
3	8
4	9
5	0

**Signature of Caller** \_\_\_\_\_

Attested to and recorded by club banner chairman \_\_\_\_\_

### Caller Confirmation Agreement

\_\_\_\_\_  
Callers Name

\_\_\_\_\_  
Club Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Club Contact

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Contact Street Address

\_\_\_\_\_  
Fee

\_\_\_\_\_  
Contact City, State, Zip

\_\_\_\_\_  
Special considerations (housing, mileage, airfare, publicity info, etc.)

\_\_\_\_\_  
Three alternate contacts & phone numbers:

\_\_\_\_\_  
Day & Date of Dance: \_\_\_\_\_ Time: \_\_\_\_\_ to \_\_\_\_\_ Time Zone \_\_\_\_\_

\_\_\_\_\_  
Dance Location: \_\_\_\_\_ Phone: \_\_\_\_\_  
(map sketch included if necessary)

#### Please check the appropriate boxes

1. This dance is a: ( ) Regular Club dance ( ) Special Dance ( ) Workshop  
Other: \_\_\_\_\_

2. Dancer attendance is: ( ) Open ( ) Closed

3. The program is: ( ) MS ( ) Plus ( ) A1 ( ) A2 ( ) C1 ( ) C2 Other \_\_\_\_\_

4. Caller is responsible for round dance program: ( ) Yes ( ) No

5. Round dance program includes pre-rounds: ( ) Yes ( ) No Time: \_\_\_\_\_

6. Caller will ( ) call entire program ( ) share program with  
\_\_\_\_\_

7. Sound equipment will be furnished by ( ) Caller ( ) Club ( ) Round Dance Leader

8. Refreshments are available: ( ) Yes ( ) No

Caller: \_\_\_\_\_ Date \_\_\_\_\_ BMI/ASCAP License: \_\_\_\_\_

Club: \_\_\_\_\_ Date \_\_\_\_\_

**Notes:** In consideration of the caller's health and fatigue, and to insure greater quality calling, CALLERLAB recommends that callers not be scheduled for more than a maximum of seven (7) hours in any one day. A reminder to the caller two weeks in advance of event will be appreciated! This form is approved by CALLERLAB and is available through the CALLERLAB home office. Complete in duplicate, with one signed copy for the caller and one signed copy for the club.



