

Chapter 20 - Sample Forms

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

- Federal Tax Exemption Information Form
- Accident Report Form (for insurance coverage)
- Record of Club Visit (banner steal/retrieve/visit)
- Caller Confirmation Agreement (caller contract form)
- Order Form for Individual Dancer Activity +Badges and Bars

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 _____

Accident Report Form
(Please type or print neatly)

Claimant's Home Club _____

Dance Location: _____

Name of Injured Person: _____ Phone _____

Address: _____ City _____ State ____ Zip _____

Accident Information (Describe in full what occurred with this accident on the back of this form)

Club where occurred: _____

Location: _____

Date: _____ Before Dance ____ During Dance ____ After Dance ____

Time: _____ am _____ pm

Medical Attention

Doctor's Name _____ Phone: _____

Address: _____ City _____ State ____ Zip _____

Medical Facility: _____ Phone: _____

Address: _____ City _____ State ____ Zip _____

Use Your Primary Insurance First **Check if on Medicare** ____

Claimants Insurance Co: _____ Phone _____

Address: _____ City _____ State ____ Zip _____

Policy Number: _____

Send the original forms and any or all receipts to :

Ron & Geri McPheron

1806 Azalea Lane

Mt. Prospect IL 60056

(847) 824-5091

Fax (847) 824-5452

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.

