

Club 2004 - 2005 Liability Insurance Application

We, the members of the _____ Club, hereby apply for Liability Insurance coverage through the State Council of Illinois Square Dance Associations group policy.

We belong to the following Association/Federation:

Illinois Federation _____ B N B's _____ MCASD (Chicago Area) _____

NISDA _____ Quad Cities _____ RRADA (Rock River) _____

PASDA (Peoria Area) _____ SWIASRDC _____

We have _____ couples and _____ singles for a total of _____ members.

Our advertised club level is _____

Our regular dances are held on _____
(Day of the week)

Our regular dances are held at:

Location #1: _____

Address: _____
(street)

(City) (State) (Zip)

Location #2: _____

Address: _____
(street)

(City) (State) (Zip)

Our Insurance Contact is:

Name: _____

Address: _____

E-mail: _____ **Phone:** _____

Current Club Officers

Club President: _____

Address: _____

City/ State/Zip: _____

E-mail: _____ **Phone:** _____

Club VicePresident: _____

Address: _____

City/ State/Zip: _____

E-mail: _____ **Phone:** _____

Club Secretary: _____

Address: _____

City/ State/Zip: _____

E-mail: _____ **Phone:** _____

Club Treasurer: _____

Address: _____

City/ State/Zip: _____

E-mail: _____ **Phone:** _____

Enclose this form with your SCISDA membership application