

MCASD CHANGE OF INFORMATION FORM

Date: _____ CLUB: _____

President:

Name(s) _____

Address _____

City, State, Zip _____

Phone # _____ email _____@_____

Delegate 1:

Name(s) _____

Address _____

City, State, Zip _____

Phone # _____ email _____@_____

Delegate 2:

Name(s) _____

Address _____

City, State, Zip _____

Phone # _____ email _____@_____

Dance Location :

Hall: _____

Address _____

City, State, Zip _____

Special Dances

Hall _____

Address:: _____

City, State, Zip _____

Send the changes to Marlene Neurauter, 1604 S Meyers Rd, Lombard IL 60148
Or marneu2826@yahoo.com