

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
- Additional Insured Request Form

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) _____ (zip code) _____

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

Email: willy2806-scisda@yahoo.com

Signature of person completing report

Rev. 08/01/2010

**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.**

METROPOLITAN CHICAGO ASSOCIATION OF SQUARE DANCERS

ORDER FORM FOR INDIVIDUAL DANCER ACTIVITY BADGES

AND CLUB FRIENDSHIP AWARDS

CLUB NAME: _____ DATE: _____

List names of individuals eligible and total number of clubs visited. Mark the badge or bar column indicating what the dancer should receive.

Names(S) of Individual Dancers	# Club Visited	Badge (*)	Bar

(*) FIRST TIME AWARDS

Is your club eligible for the FRIENDSHIP AWARD? YES NO # of Clubs visited
(A minimum of 10 different club visits is required. List of clubs visited must be attached.)

Club Banner Chairman: Name _____
 Address _____
 City, State, ZIP _____
 Phone _____

Badges & bars cost \$1.60 each. Make check payable to "MCASD" and enclose with this order form.

Your order must be received by July 15th to be picked up at the September General Meeting. Send to:

Donna Carpenter, 3310 Highland Drive, Island Lake, IL 60042

OR email at: donna.matson@hollister.com

847-526-0147

Your club visit records are to be retained by the club banner chairman for one year should MCASD wish to review them.

State Council of Illinois Square Dance Associations

ADDITIONAL INSURED REQUEST

Additional Insured Request should be submitted only in those cases where the Facility Management asks specifically to be added to the policy.

Submit Additional Insured Request at the beginning of the dance season or as soon as you are aware of the need. Please Allow fifteen business days for processing.

Date: _____

Club Name: _____

For our Special Dance on: _____
(Date(s) must be current insurance year - Sept. 1 through Aug. 31)

Please add the following:

Additional Insured:

Name: _____ Phone: _____

Address: _____ Email: _____

Street

City

State

Zip

Association/Federation: B n B IFSRD MCASD NISDA PASDA Quad Cities RRADA
SWIAS

Insurance Contact:

Name: _____ Phone: _____

Address: _____ Email: _____

Street

City

State

Zip

Please send Original to the *Additional Insured* and a copy to Bill Neurauter.

Bill Neurauter
SCISDA Insurance Coordinator
1604 S Meyers Road
Lombard, IL 60148

630-495-1182

E-mail: willy2806-scisda@yahoo.com

MCASD Change of Information Form

Date: _____ Club: _____

President:

Name: _____

Address: _____

City, State, Zip _____

Phone# _____ email _____ @ _____

Delegate 1:

Name: _____

Address: _____

City, State, Zip _____

Phone# _____ email _____ @ _____

Delegate 2:

Name: _____

Address: _____

City, State, Zip _____

Phone# _____ email _____ @ _____

Dance Location:

Hall: _____

Address: _____

City, State, Zip _____

Special Dances:

Hall: _____

Address: _____

City, State, Zip _____